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Chemist & Druggist

JULY 27 1974 THE NEWSWEEKLY FOR PHARMACY

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The newsweekly for pharmacy

27 July 1974 Vol. 202 No. 4923

115th year of publication

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Official organ of the Pharmaceutical Society of
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Mr R. G. Worby, a contractors' representative, has decided to take personal action over the domiciliary oxygen service (see p 110).

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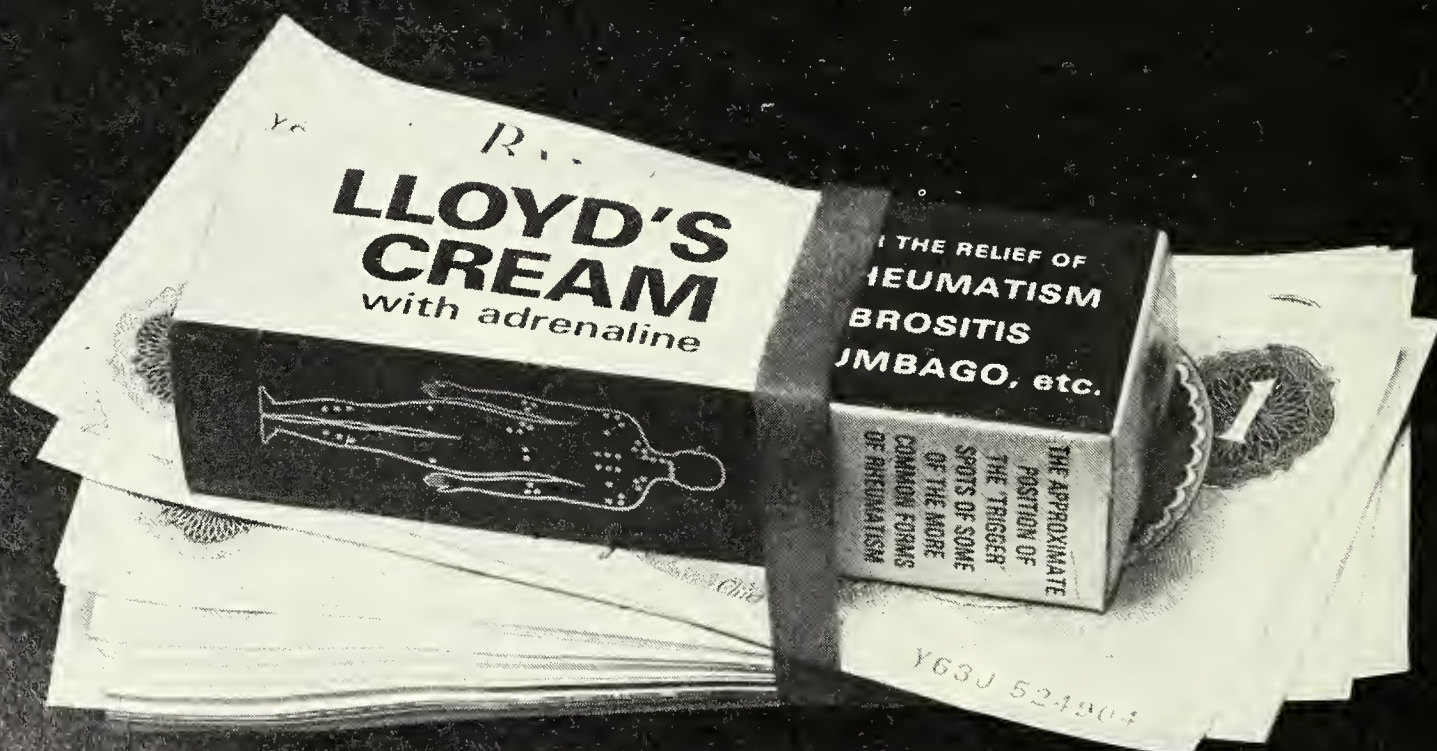
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Professional News

Pharmaceutical Society of Ireland

Economic Survey Report to be sent to all contributors

A summary of the Economic Survey Report, prepared by a firm of consultants for the Pharmaceutical Society of Ireland, will be sent to everyone who contributed to the cost of the project. That was one of the recommendations from a committee responsible for the Survey which was adopted by the Council of the Society at its July meeting.

The president, Mr R. J. Semple, stressed that the Society would retain copyright of the original Report. Pharmacists had supplied information on a confidential basis and on the understanding that only tabulated data would be published. Pharmacists with a *bona fide* interest can have access to the full report either at the Society's headquarters or by arrangement with a Council member or a representative of the Contractors' Committee.

Dr W. E. Boles said that criticism had been levelled against the Society for delay in furnishing information about the study. Such comment was not justified. The Council had made it clear from the start that the findings of the consultants would be made available when the time was ripe and in an appropriate manner. Mr M. F. Walsh and Mr W. J. Butler were hopeful that the report could be used to counteract unfair comment on pharmacy appearing from time to time in the public Press.

Managers' ultimate responsibility

Arising out of the Inspector's Report the president said that pharmacists, both proprietors and managers, had ultimate responsibility for all the activities of the pharmacy over which they exercised control. They must ensure that neither unqualified staff nor members of the public should have access to poisons or controlled preparations unless there was a qualified person present. An unqualified person was not entitled to dispense a prescription in the absence of the qualified person. He disliked having to "labour" the points but any deviation from proper standards was not in the interests of public health and could involve pharmacists in court proceedings.

Mr J. P. O'Donnell referred to an appeal by a group of doctors in a southern town for planning permission to convert a gate lodge into a pharmacy. He did not know what action the Pharmaceutical Union proposed to take but speaking for himself he did not believe that any person could practise two professions concurrently. Dr Boles, agreeing that the matter was important, said he believed the issue would be taken up by the Contractors' Committee in the course of the review negotiations now taking place.

Commenting on the results of the Assistants' Examination held in May, Professor Timoney said it was evident that one or two candidates had made a token attempt only in one section of the examination in order to gain an exemption in forensic pharmacy. The Council re-affirmed the rule which provides that a candidate must attain a satisfactory standard in both sections of the examination before he is entitled to an exemption in one of them.

Mr Semple reported on a meeting held with representatives of the Irish Pharmaceutical Union to discuss public relations activities. The discussion had concentrated on identifying the respective areas of responsibility of the Society and of the Union. While many topics were clearly in the domain of a particular body, there were some issues which overlapped. The Council adopted a recommendation that a small joint committee should be established to draw up guidelines for public relations activities and to research problems generally. The committee is to comprise two Council representatives (Messrs Walsh and McGuinn) and two Union members, and it will be asked to prepare an interim report within three months.

'Lumped together'

Mr H. P. Corrigan, pharmaceutical representative on the Eastern Health Board, said he had raised the question of separating the costs of medicines from fees paid to pharmacists when reports of the cost of health services were published. Up to now, the two elements were lumped together giving a false impression of pharmacists' earnings in the GMS. At a recent meeting of his Health Board he had proposed the following resolution which had been unanimously agreed: "that separate costing be shown of medicines and fees paid to pharmacists in the Book of Estimates." Mr Corrigan added that representatives on the other Health Boards should take similar steps to put the question of fees into "proper perspective."

The president reported that a seminar was being arranged for September at which pharmacists and doctors would debate the operation of the General Medical Services scheme. He would discuss the choice of speakers for the panel with the Pharmaceutical Union. He added, the company sponsoring the event were deserving of the highest praise for their enterprise.

Miss T. Landers raised the question of the collection of medicines handed in to pharmacies during the recent "unused-medicines are dangerous" campaign. Pharmacists were becoming increasingly concerned at the delay in leaving the boxes

uncollected. Mr Semple said it had been arranged that the Health Boards would be responsible for that aspect of the scheme. He had repeatedly requested the Department of Health and the Eastern Health Board to have the unwanted drugs taken away for destruction and had been informed that the Dublin bus strike had placed a considerable strain on the availability of transport. Now that the strike had been settled he was hopeful that the matter would be tackled.

The registrar reported on a meeting of the pharmacy group of the EEC held in Brussels on June 24. Ireland had been represented by Mr R. J. Power, Mr J. P. Burke and himself. The Group had been surprised by the terms of a resolution presented to the European Parliament by the Committee on Public Health and the Environment urging the withdrawal of two draft directives dealing with the geographical distribution of pharmacies and the distribution of medicines. Those responsible for the resolution favoured "liberalising retail sales of pharmaceuticals" and "a system of geographical distribution of sales outlets".

The pharmacy group had passed a resolution pointing out that a policy based solely on economic considerations was not in the public interest and insisting that practitioners should be represented on any consultative committee created to reconsider the directives.

Register changes

The following were granted change of name in the Register, marriage certificates having been submitted: Mrs Mary Kelly (nee O'Donnell) MPSI, Mrs Catherine A. R. Hogan (nee Carey) Assistant.

The following addresses were changed in the Society's Registers: Mr Charles M. Browne, MPSI, to Browne's Pharmacy, Cootehill, co Cavan; Mr Michael J. Knox, MPSI, to 56 Rowanbyrn, Deansgrange Road, Blackrock, co Dublin; Mrs Theresa Ferris, MPSI, to 19, Mount Pleasant Avenue, Friars Walk, Cork.

Mrs Bridget O'Reilly (nee Brady), Assistant, was restored to the Register, and the Licence Certificates of the following were signed and sealed: Eleanor M. Browne, Gerard M. P. S. Cassidy, Joseph M. Crowley, Mary G. Mulvihill.

The following were elected to membership: Matthias J. Murphy, Edward J. O'Grady, Una Rafter, Elizabeth Magee, Aidan Mennelly. Nominated for membership were: Eleanor M. Browne, 2 Landscape Road, Dublin, 14; Matthew Browne, Blackstoops, Enniscorthy, co Wexford; Gerard Cassidy, 50 Aidan Park, Shannon Airport; Joseph M. Crowley, Killorglan, co Kerry; Mary Mulvihill, Blackrath, Curragh, co Kildare; James Pettit, Clara co Offaly.

'Misuse' Bill - Dail question

Mr Desmond O'Malley asked in the Dail last week if the *Taoiseach* would give a first reading to his private members' Bill dealing with the misuse of drugs. Replying, Mr Cosgrave said that the Minister for Health had a Bill on that subject, and when it came before the House Mr O'Malley's Bill would be considered with it. (*Irish Times*)

Call to resist GMS pharmacy contracts going to doctors

The Irish Pharmaceutical Union has decided to support the Southern Regional Pharmacists' Association in its demands to resist dual capacity participation by doctors in the general medical services scheme.

At its monthly meeting in Dublin, July 7, the Union also agreed to back the Association's efforts to introduce the grade of chief pharmacist in hospitals where more than one pharmacist was employed and to bring an end to the practice of employing pharmacists in hospitals on a temporary basis for prolonged periods.

A letter from the Association pointed out that at a meeting in Macroom, June 30, members were perturbed at the development of the group practice application for planning permission for a pharmacy and suggested that representations be made to the Department of Health to prevent doctors from holding medical and pharmaceutical contracts under the General Medical Services scheme. The letter, from the secretary, Mr Patrick Duffy, suggested that a dual contract was open to abuse in that it exerted undue influence on a doctor's prescribing habits.

Sanction sought

On the question of introducing the grade of chief pharmacist, Mr Duffy said the Southern Health Board was sympathetic to the idea and was seeking sanction for such a grade at St Finbarr's Hospital, Cork. "The time would seem ripe to seek such a grade on a national basis", the letter stated, adding that the practice of employing pharmacists on a temporary basis for prolonged periods should be discouraged.

The Association also agreed that any inspection or administration of the pharmaceutical service at health board level should be in the hands of a pharmacist and that efforts should be made to establish such a post. The Southern Health Board employed a pharmacist in such capacity but the post was not established. The letter went on to say that the recent salary scale for pharmacists was considered to be unrealistic. Mr Aidan O'Shea, proposing that the Union support the Association, said they were committed to helping all sections of pharmacy. He agreed that a salary of £34 for employee pharmacists was unrealistic and to accept such a structure would also militate against the position of hospital pharmacists.

Supporting the demands of the hospital pharmacists, Mr O'Shea said that unfortunately they had no hospital representative as such on the executive committee. The president, Mr T. R. Miller, regretted that little progress had been made with the hospital pharmacists in this connection. The organisation had been invited to send along observers but he was sorry

that no representative had attended in recent months.

Mr O'Shea said the trouble was that a large number of hospital pharmacists were appointed on a whole-time, temporary basis, with no pension rights. It should not be forgotten that they were all potential Union members.

The president said the Union's representations should not apply only to the southern region but to the whole spectrum of hospital pharmacists. He regretted that the Hospital Pharmacists' Association had not become affiliated to the Union.

Employee pharmacist

The general secretary, Mr Ledwith, said he had contacted community pharmacy employees in the southern area and pharmacists in the Limerick area had been in contact with him. In the west they were better organised and he hoped that by the end of the year they would be able to bring community pharmacy employees to a meeting. In the west they were both keen and well-organised and they were in contact with colleagues in Cork, Limerick and Waterford.

Mr Cummins believed it was essential to have community pharmacist employees on the executive and Mr Ledwith stated that he had written to all pharmacists in general terms inviting them to join the Union. The president said they should agree on a salary for employee pharmacists and Mr Holley suggested that a policy committee be established to investigate the whole question.

Mr O'Higgins said there was provision for community (employee) pharmacists to be represented on the executive and the president said they would be more than willing to accept them.

At the monthly meeting of the community pharmacy section held earlier that day, Mr O'Higgins was elected chairman; Mr Holley vice-chairman and Mr O'Shea treasurer. The president said they had now the first elected executive committee following the recent elections, previously they had been operating with an *ad hoc* committee. It was agreed to elect new officers at the next meeting of the executive which will be held on September 8.

After a letter had been received from Mr D. W. P. Boyd, director-general, Postgraduate Education Committee, inviting two executive members on the committee, Messrs Owen Corrigan and William Gannon were appointed. The president described the committee as "a very important one" in looking after the interests of pharmacists.

Mr Ledwith reported that 51.8 per cent of members were totally paid up for 1974.

Mr John Burke reported on his recent visit to Brussels with Mr Power to attend a meeting of European pharmacists. The

president said the report indicated the great work they had been doing on behalf of Irish pharmacy and they deserved the best thanks of the committee.

Reporting on activities in the north eastern region, Mr Holley said that the matter of psychiatric drugs being handed out by doctors in a particular hospital, to which a pharmacy was attached, was causing concern among members. Apparently private patients were able to have their prescriptions made up and a nurse was called on to dispense after hours. It was decided to pursue the matter directly.

Wondering

Mr Gannon reported that in the midland region pharmacists were still wondering how effective the Union actually was. The president said he hoped that the image would improve now they had their own secretariat. It was heartening to see so many young pharmacists joining and a 51 per cent fully-paid-up membership was encouraging.

It was agreed to send letters of thanks to the assistant registrar of the Pharmaceutical Society, Mr Cahill, and Commandant Jim O'Farrell for having acted as scrutineers in the recent committee election.

It was agreed to seek affiliation to the Irish Congress of Trade Unions. On the suggestion of Mr Ledwith it was decided to pursue the feasibility of having a special badge of office for the president and suggestions for a design are to be invited from pharmacists and students.

Health Board chairmanship for pharmacist

Mr Patrick Duffy, MPSI, Hettyfield, Mayfield, Cork was elected chairman of the Southern Health Board at a meeting held recently in Cork. Mr Michael Long, a member of the staff of Shanahan's Pharmacy, Castleisland, co Kerry, was elected vice chairman.

Successful in examination for Assistants

The following were successful in the Pharmaceutical Assistants examination of the Pharmaceutical Society of Ireland, held in May:

Barry, Bridget Mary; Batt, Lydia A. M.; Brew, Carol Ann; Brophy, Margaret J.; Callaghan, Eithne J.; Callaghan, Agnes J.; Chapman, Mary P.; Collins, Anne M.; Daly, Mary Margaret; Donohoe, Una Mary; Duane, Joseph C.

Farmer, Mary Patricia; Feely, Hanora T.; Foley, Mary; Herriott, Brigid A.; Kennedy, Charles H.; King, Agnes Mary; King, Anne B. M.; Lester, Trevor R.; Letmon, Margaret; M'Dermott, Anna M. T.; M'Garry, Elizabeth C.; M'Nulty, Teresa A.; Moore, Rosaleen Ann; Nic-Gabhann, Niamh.

O'Callaghan, Ellen L.; O'Donnell, Margaret M.; O'Malley, Bridget Ann; O'Neill, Bridget G.; O'Neill, Josephine; O'Rafferty, Mary G.; Redmond, Rosemary F.; Roache, Annie J.; Ryan, Johanna C.; Shine, Rita.

Comment

Find the cash

When a member of a contractors' delegation to a Minister takes "unilateral" action a few days beforehand, it suggests that he has little faith in the outcome of the meeting. But such is the situation arising from Mr R. G. Worby's ultimatum to his local doctors and oxygen patients — either oxygen prescriptions are marked "urgent" or they will not be dispensed (except in genuine emergency).

Mr Worby's letter to the doctors (p 110) should strike a sympathetic chord with his medical colleagues, however, for is it not they who are refusing to write family planning prescriptions unless the terms are right? And are they not threatening to go to the lengths of setting up a rival, private, health service if they do not get their way with the government?

We must hope, nevertheless, that Mr Worby's pessimism is unjustified and that some sympathy may also be reflected in the Minister's response to the contractors' calls, though cash rather than sympathy is what is needed at this moment.

Unfortunately, the conflict between the Department and contractors, and with the medical profession if individual doctors reject Mr Worby's demands, can only be to the disadvantage of patients. Many of those on oxygen therapy are desperately dependent upon their pharmacist's service — though it is often via hard-pressed relatives that the greatest trials of the pharmacist's patience come. Inevitably the plight of those patients will be made worse if more contractors, goaded beyond endurance, decide they can no longer afford to bear the losses, hidden or actual, that running an oxygen service entail.

In assessing the contractors' claims, the Ministers should consider the total costs of the alternatives — delivery by ambulance, in-patient stays, etc — but

most of all the effect on the patients themselves. Money must then be found to make the service viable.

Dr Owen has promised urgent personal attention to the problem, but time is not on his side while most oxygen contractors would be better off by withdrawing their services.

Retailers hit again

So multi-rate value added tax is to remain up the Chancellor's sleeve, for the time being at least. Whether it is a victory for the lobbyists, common sense, the economic position or simple expediency remains to be seen, but in his reduction of the current VAT rate by two points Mr Healey will still have posed problems for retailers.

According to how the public receive their information, the cut represents "a fifth", or a penny or two in the pound — and there have been comments in the media about price reductions being reflected in the shops ("if manufacturers, wholesalers and retailers pass the savings on"). But for retailers of lower-priced merchandise comes the headache of deciding how to make cuts without antagonising the customer bent on making a saving on his or her favourite brand.

Disastrously missing from the Chancellor's statement was any hint of relief for non-domestic ratepayers. Exactly how prices can be expected to be brought down while business overheads rise through government action, is something Mr Healey may care to explain to the National Chamber of Trade when it presents the findings of its rates-increase survey. Once again, however, politicians seem to have found a way of looking benevolent to the consumer while making retailers the whipping boys.

Post Scripts

Cologne's 'Watergate'?

It had to come. A new men's Cologne from America, according to the *Australian Pharmacy Guild Contact*, is called Watergate, with the advertising slogan "Break into Watergate. . . . If you get caught you're on your own." On the label is a picture of an insect, with the stars and stripes on its wing cases, and the promise "it won't bug you." The potential of such a product must be infinite — perhaps President Nixon should try it to charm his way through the Watergate crisis.

Warm welcome!

Mr J. T. M. Ross, Boots Co chief pharmacy superintendent, moved with other London staff into a new office in Putney

on Monday and found that several windows had been blown in by a weekend bomb blast at the building opposite. He commented that it was an "unusual Christening" — but is obviously hopeful of more peaceful times ahead. Mr Ross' address is now Trent House, 67 Fulham High Street, London SW6 3JQ (telephone 01-731 1313).

A time for gratitude

In these days of criticisms all round, it's good to hear of someone saying "thank-you" to their associates in industry. Mindful of the problems created by three-day working, the fuel crisis and other national emergencies, and consequent supplies shortages, Wm R. Warner & Co. Ltd (themselves exempted many restrictions as medicines manufacturers) recognised the co-operation and effort between their suppliers and the company's purchasing department. Because of the help

received, representatives from supplying organisations were invited to Eastleigh for the day on July 16, the programme including a research film on biopharmaceuticals which demonstrated the importance of standards in supply and the underlying role the supply industry plays in the preparation of modern pharmaceuticals. At lunch, Mr John Curtis, chairman and managing director, took the opportunity to extend the company's appreciation for the support given. Later the party toured the production areas and laboratories of the Warner Lambert Group.

Advertisement prices

Recommended retail prices shown in advertisements appearing in this issue of *Chemist & Druggist* are those calculated on the basis of 10 per cent value added tax not the new 8 per cent rate.

Minister to look personally at oxygen grievances

Dr David Owen, Parliamentary Under-Secretary at the Department of Health, has promised to give "personal consideration" to chemist contractors' remuneration for providing the domiciliary oxygen service. He met Central NHS Committee representatives on Tuesday when it was agreed that further detailed discussions would take place — though Dr Owen undertook to have a Departmental reply to contractors' views ready "within the next few weeks."

The meeting was held at the Central Committee's request after it had warned it might be forced to withdraw its advice to contractors to support the oxygen service (*C&D*, July 6, p 6). Both sides have recognised "the difficulties of the situation", according to a joint statement following the meeting.

Meanwhile, Mr R. G. Worby, a member of the Central Committee's delegation, has advised his local doctors that oxygen prescriptions must be marked "urgent" if he is to dispense them. In a letter to *C&D* he says "I am no longer prepared as a contractor to maintain a delivery service on which I have always lost money. Unless the DHSS agree very substantial improvements in the reimbursement of costs inevitably incurred by contractors providing oxygen service, particularly delivery services, I would anticipate that large numbers of contractors will adopt the same tactics as myself. Our original 'time limit' for improvement was March, extended at the request of the Department until June. The offer which then came was so derisory that I can see little further advantage in continuing negotiation. I feel that it is now time for action, and have deliberately taken that action in such a way that no patient need suffer any reduction in service but that I shall obtain reasonable reimbursement at the appropriate rate for the out-of-hours deliveries I have always had to make."

Doctors' co-operation sought

Mr Worby's letter to doctors reads:— As you may well be aware from the scarcity of pharmacies offering oxygen service, remuneration for all aspects of that service is ridiculously inadequate. Negotiations have been pursued with every possible urgency over these past years and the current round has led, after six months unremitting pressure, to an offer equivalent to just 25 pence per week for each pharmacy offering oxygen service.

At present, when your patient calls for oxygen, I invariably deliver in the evening when I can safely leave my premises without committing a breach of the Pharmacy & Poisons Act. For taking my car, making the delivery, setting up the new cylinder and bringing back the old (as opposed to

simply handing over an exchange cylinder in the shop) I receive the sum of 55 pence! (This would not even summon a taxi, never mind pay for the pharmacist's evening time).

Remuneration for hiring of equipment is equally ludicrous. The long-term rate is 60p per month, and each time there is a malfunction we must pay £10-£12 for "service exchange" to B.O.C. The problem, therefore, is not that our profit margin is inadequate, but that the actual cash loss is unacceptably high.

The only way around the problem would appear to be to require that all oxygen prescriptions be marked "urgent" by yourself, and handed to me at the time of delivery of the gas, after normal closing time (5.30pm). The "urgent" endorsement entitles me to claim payment at the "evening" rate for the evening delivery which I have carried out. This additional fee amounts to £1.50 and whilst certainly not making up for the overall loss made on the oxygen services, at least represents a distinct improvement on the delivery aspect thereof.

I am, therefore, giving notice (together with a copy of this letter) to the Family Practitioner Committee for this area, to the Central NHS (Chemist Contractors) Committee and to the Department of Health and Social Security, that I am no longer prepared to deliver oxygen except against prescriptions endorsed "urgent" by the prescriber and received by me after normal closing time.

I need hardly add, however, that any genuine emergency whether resulting from the patient's forgetfulness or from any other cause will be promptly attended to without regard to the foregoing.

I trust I may look forward to your

co-operation in this matter in order that I may avoid the only other alternative, which would be to withdraw service on no less than 30 sets at present on issue from these premises. Such action would necessitate the admission to hospital of many of those 30 patients, which would prove infinitely more costly to the NHS, and would mean hardship and unwarranted expense to others.

Please be assured that this action has not been taken lightly. Throughout years of frustrating negotiation the DHSS has simply taken advantage of the goodheartedness of those pharmacists willing *literally* to lose money every time an oxygen patient has been taken on.

I attach, for your information, a copy of the letter I have sent to all patients receiving oxygen service from these premises.

After-hours presentation

In a letter to his oxygen patients, Mr Worby warns that in addition to an "urgent" marking, it will be necessary ("although this is normally the case in any event") for the prescriptions not to be handed in until after the normal time of shop closing ("which of course is when I normally deliver to you").

Librium substitution: concession to end

The Department of Health's "substitution concession" for Librium capsules and tablets is to be withdrawn with effect from August 1, says the Central NHS (Chemist Contractors) Committee.

Earlier this year (*C&D*, February 9, p 117) the Department agreed that, because of the shortage of Librium tablets and capsules, where the chemist contractor had endorsed the EC10 indicating he had obtained the prescribers' authority to dispense another brand of chlordiazepoxide tablets and capsules or an alternative preparation to meet the order payment would be certified for the preparation endorsed as being supplied. However, Librium capsules and tablets are now said to be available in sufficient quantities to meet all normal trade demands and so the concession is being withdrawn.

For the second successive year, the British Safety Council's Industrial Safety Award has been presented to Roussel Laboratories Ltd, Swindon, Wilts. In making the award, the Council noted that "the company's record is appreciably better than the national average within the industry."

Seen at the official presentation are Mr L. A. Wells (chief security officer right) with Mrs Lucy Wells and Mr D. Moore of the British Safety Council



Mini-Budget a new VAT fraction

Pharmacists will have to learn the fraction $\frac{2}{27}$ for calculating value added tax following the Chancellor of the Exchequer's Budget on Monday. Mr Denis Healey announced then that VAT is to be reduced from 10 per cent to 8 per cent, effective Monday, July 29.

Transport costs could be reduced as a result, with petrol costing 1p a gallon less. Other measures in the Budget included:

- dividend controls modified to raise the limit on increases in distribution from 5 to $12\frac{1}{2}$ per cent. There will be a comprehensive review next year of the existing controls;

- immediate relief for domestic rate-payers whose rates rise more than 20 per cent this year. The relief is to be equivalent to 60 per cent of the excess over the 20 per cent rise.

The Customs & Excise are issuing a Notice about the new VAT rate to all registered retailers. The Notice includes a "ready reckoner" for VAT at 8 per cent.

The Notice, No. 718, states that the fraction $\frac{1}{11}$, previously used in calculating the VAT component of a tax inclusive amount, must not be used after July 29 but the new fraction of $\frac{2}{27}$. Traders are also urged to make sure they follow the rules explained in Notice No. 716 (VAT: changes in the rate of tax) which was issued in May. Retailers using special schemes must in addition follow the general rules, and the rules for the special schemes, in Supplement No. 2 to Notice No. 707, also issued in May.

The Notice also points out that for practically all users of special schemes, July 29 is part way through a tax period and therefore two calculations will have to be made — one with the old fraction of one eleventh from the beginning of the current tax period to the close of business on July 28 (or July 27 if no business is done on Sunday); and the second calculation using the new $\frac{2}{27}$ fraction for the time from July 29 to the end of the tax period.

End-of-season sale at Sotheby's

The auction of Continental and English pottery and porcelain at Sotheby's on July 23 included over 30 drug jars as well as a large pill tile ($12\frac{1}{2}$ in) with the arms of the Apothecaries and those of the City of London. The latter although somewhat rubbed obtained £260.

The provenance of several drug jars catalogued as Dutch was not Delft. For instance lot 1, which realised £40, was bottle shape ($11\frac{1}{2}$ in in height) dated 1705 and painted in blue "AG. DI LATTVCA". It had the neck badly damaged. Another was labelled "A. PORTVLACAE", (height



$10\frac{1}{2}$ in (£55); a facsimile in colour "S. BERBERIS" (height 8 in) sold for £75.

A pair of Delft drug jars, cylindrical type, "U. AD SCABIEM" and "SAPO VENET" (height $7\frac{1}{2}$ in) were a more reliable purchase but expensive at £160. The brass lids of these looked later than the jars. A small Delft jar (rim damaged) "E. C. PERUVIAN" (height $4\frac{1}{2}$ in, with a creamware syrup jar, reached £28.

Turning to Italian wares, a Deruta bottle with a colourful scroll label "A. DE ARTEMESIA" (height $9\frac{1}{2}$ in) sold for £240. Lot 11, which consisted of three North Italian *albarelli* "A. GALINI" (hen fat) and "ADEPS MARINOLE", together with another made £90.

A pair of double-handled Savona drug jars painted in pale blue "S. DE POLIPODIO" (illustrated) and "MEL ROSO SEMPE" (height 13 in), in good condition, fetched £300. Lot 55, a syrup jar "S. D. STICADOS" (French lavender) painted in blue, yellow, ochre and manganese (height $8\frac{1}{2}$ in) accompanied by a North Italian syrup of hyssop jar (spout damaged) sold for £280. Lot 59, a late 17th century Savona oil jar, "OL. RUTHE" painted in blue in the Chinese style with foliage and running animals, went for £130 (9 in).

The next lot was a mixed batch — a Savona *albarello*, (height 8 in), a Castelli *albarello* (height $9\frac{1}{2}$ in) plus a North Italian jar went for £85. Altogether, with a few exceptions, a mediocre collection typical of an end-of-season sale.

Sugar shortage: little effect on pharmaceuticals

Some pharmaceutical companies are reported to have had difficulties in obtaining supplies of sugar, but so far there are no signs of pharmaceutical products being hit.

A spokesman for Tate & Lyle told C&D that priority was being given to supplying retail outlets — industrial sugar users had been reduced, some time ago, to half the supplies they were receiving last November as they were in a better position to obtain alternative supplies from elsewhere. One big pharmaceutical company — Evans Medical Ltd — told C&D that it was obtaining its supplies from the continent at higher prices so the firm did not anticipate a shortage of syrup-containing products or Syrup BP.

However, a spokesman for the Association of the British Pharmaceutical Indus-

UK drug exports rose by a fifth in 1973

UK pharmaceutical exports reached £221.1m in 1973 a 21.7 per cent increase over 1972, according to the Association of the British Pharmaceutical Industry annual report 1973-74.

There was, however, an increase of pharmaceutical imports from £43.7m in 1972 to £66.9m in 1973, representing 53 per cent, but the trading balance was over £154m.

The Republic of Ireland was the industry's best market (£12.9m) with Italy second (£5.3m). Exports to EEC countries totalled £62.2m and EFTA countries £30.1m.

Research expenditure in the pharmaceutical industry was estimated at £30m in 1973 (£8.3m in 1962). Pharmaceutical output totalled £550m in 1972 representing a 9.7 per cent annual growth rate since 1963. Capital investment programmes being undertaken by pharmaceutical companies in the past year are costing over £60m.

The report says the Association is formulating counter-proposals to the suggestion that products now sold by agricultural merchants should be restricted, after a transitional period of three years, to pharmacies.

'Rapacious' industry

Mr Michael Grylls pointed out in the Commons this week that the pharmaceutical industry in Sweden was partially nationalised and that had resulted in costs and prices going up. He asked the Prime Minister to consider the effects on competition if the Government were to nationalise the British pharmaceutical industry. There would be fewer new medicines and fewer innovations. The Prime Minister replied that the extent of the rapacious behaviour of the pharmaceutical industry was demonstrated by the Monopolies Commission's report during the period of the last Conservative Government.

try said that there were some companies who had been having difficulty in obtaining supplies. They were being referred to the Department of Health's supply division to see if they could help.

The Department of Health confirmed that "one or two" representations about sugar had been received. The Department had contacted the Ministry of Agriculture who had said that the shortage of sugar in Britain was due to EEC arrangements earlier in the year, and the difficulty would probably remain until the autumn. The Ministry was said to be doing what it could to remedy the situation, but as there was sugar available on the continent and in the rest of the world (at higher prices) a system of priority allocation would not be organised.

'Leniency' in toothpaste labelling

The Department of Prices and Consumer Protection is asking trading standards officers to "deal leniently" with pharmacists selling toothpastes which do not comply with an Order which came into effect on July 1.

The National Pharmaceutical Union recently wrote to the Department seeking a postponement of the weights and measures labelling requirements which say that all pre-packed dentifrices over 12cc must be marked with the quantity in cubic centimetres or in cubic inches. In a reply to the NPU, the Department appreciated the difficulties caused by the short period of notice. Inspectors would be asked to bear these difficulties in mind for "a short period" after the Order came into effect. No length of time was stated.

The NPU have contacted nine manufacturers whose brands were found not to comply (*C&D*, June 22 p 782) and all have said they are making available self-adhesive labels either on direct request or through representatives.

Fluoride toothpastes— pharmacy sale only?

Concern among dentists and toothpaste manufacturers that fluoride toothpastes may be restricted to pharmacy supply under the Medicines Act has come to light during *C&D*'s preparation of the oral hygiene section.

The reason for concern is probably that in Belgium and France fluoride dentifrices are restricted to pharmacy sale and that the same situation may eventually

apply throughout the EEC. One manufacturer told *C&D* that sales of fluoride toothpaste in these countries had not grown as much as in the UK because of this restriction, which could be detrimental to dental health.

Another reason for concern could be that the Medicines (Exemption from Licences) (Food and Cosmetics) Order 1971, which excluded toothpastes from licensing provisions, was amended in 1973 to include products claiming a medicinal nature being advertised as such to practitioners. This aspect could lead to a situation where manufacturers wishing to promote fluoride toothpastes as medicinal products directly to the dental profession would need to supply data sheets and hence would need product licences. Fluoride toothpastes can be promoted to schools through educational officers without a licence, but if promoted through the dental officer a licence is required.

Reliable sources suggest that many manufacturers will prefer to stay with consumer-orientated business rather than change to the "medical" side. It also seems likely that fluoride toothpastes will be included on the general sales list although no-one in official or industry circles is prepared to be quoted.

Roche ask for speed up of legal proceedings

The Roche group were losing £3½m a year as a result of a recent House of Lords decision (*C&D*, July 6, p 6), in the group's fight against a Government price-cut order, counsel told a High Court judge last week.

By the time the complex case came to a final decision losses to the Swiss-based group could amount to £10m, said Roche's counsel, Mr Richard Yorke, QC.

"It is a matter of tens of millions of pounds and justice requires matters should be speeded up and the law should not take its leisurely course at our expense," he told Vice-Chancellor Sir John Pennycuik. Roche asked the judge for direction for a speedy hearing of steps in the action.

Sir John said he did not think there was

anything he could usefully say except that when the case was ready for hearing sympathetic consideration would be given for fixing as early a date as possible.

In the Lords ruling Roche lost a move to get an undertaking from the Crown to pay compensation if the company's pending fight against the price-cut order on its drugs Librium and Valium was successful. The group's action challenging the validity of the order is being contested by the Department of Prices and Consumer Protection.

Mr Yorke said steps in the action could result in the matter going to the House of Lords four times.

ASTMS offers Guild help

The Association of Scientific, Technical and Managerial Staffs is hoping to make hospital pharmacy a "real attraction to graduates" said Mr J. Mercer, the officer responsible for the Guild of Hospital Pharmacists.

Speaking at a weekend School at Kenilworth for members of the Guild and the ASTMS, he said he wanted to see such an improvement that graduates would be eager to enter hospital pharmacy and to stay there much longer than at present.

The school was part of the integration programme between the two organisations and aimed to show Guild members how the ASTMS works, how pharmacists can relate to other health service employees through ASTMS and how pharmacists can become involved in the union's local advisory committees. Guild members will be able to use the services of the Parliamentary committee, the ASTMS members in Parliament who are able to lobby ministers on health service matters.

Mr Mercer pointed out that one of the main problems of integration is that pharmacists are new to the concept of trade unionism and that "it is sometimes necessary when driven into a corner to take a positive action".

Not to pay for chocolate

A ruling that National Health Service doctors who prescribed Optimax should be charged for the chocolate used to mask the drug's bitter taste, was set aside in the High Court on July 18.

In a test case by two doctors, the Queen's Bench Divisional Court quashed a decision of NHS referees. The referees, in an appeal by the Secretary of State for Social Services from decisions of local medical committees, had ruled that the chocolate, which made up nearly half the drug, was not a drug and therefore not chargeable to the NHS.

Lord Widgery (Lord Chief Justice), said the question was not whether chocolate was a drug but whether Optimax, as a complete substance, was a drug.

Safety containers report

The Medicines Commission working group on the presentation of medicines in relation to child safety has reported. Answering a Lords question for the Government last week, Lord Wells-Pestell added that the contents would be published soon and appropriate consultations initiated.

VTO schemes is the theme for Institute's conference

International and national voluntary trading organisations and low cost distribution is to be the theme of this year's annual conference of the Institute of Pharmacy Management.

As previously announced (*C&D*, May 18, p 625), the conference is being held for the first time in Scotland at the Cally Hotel, Gate House of Fleet, Kircudbrightshire, October 4-7 inclusive. Two international speakers are expected to contribute the first two addresses at the conference and the third will be given by a UK authority on the economics of the schemes. The fourth session will consist of a panel of speakers each representing the various factions of opinion on the theme and the conference will conclude with a forum in which all speakers will participate in open debate.

The social events include a golf match and visits to local beauty spots.

Cost of the conference, meals and accommodation is £26.40 including VAT.



The newly designed logo in green and black adopted by the Institute of Pharmacy Management.

Banquet ticket, including wines, is £5.50 extra. For those not requiring accommodation and meals the ticket is £4.40.

Early reservation is recommended by the Institute's secretary: Mr J. Barrie Thomson, MPS, FIPharmM, 150 Charminster Road, Bournemouth BH8 8UU.

People

Mr John S. Pringle, BSc, LIB, MPS, of Newmains, Lanarks, has been admitted as an advocate to the Scottish Bar.

Mr E. J. Willis, a director of Bayer Australia Ltd and general manager of Bayer Pharmaceutical Co, retired on July 12. Qualifying as a pharmacist in 1932 Mr Willis went to Australia in 1947 and joined Bayer in 1960. He was for many years president of the Australian Pharmaceutical Manufacturers Association and his services to the industry were recognised by the Pharmaceutical Society of Great Britain in December 1972 when he was elected a Fellow of the Society.

In his capacity of general manager of Bayer Pharmaceutical Co, Mr Willis will be succeeded by Mr P. R. Clear.

News in brief

□ The House of Commons last week voted to disband the Pay Board.

□ The 1974 annual register of Pharmaceutical Chemists is now available from the Pharmaceutical Press, 17 Bloomsbury Square, London WC1A 2NN (£12.00).

□ Some 24,606,702 prescriptions (15,540,448 forms) were dispensed by chemists in England during March at a total cost of £22,835,694 (£0.928 per prescription).

□ A report of the "Medicines in the seventies" symposium held at the Royal College of Physicians, September 1972, is now available price £1.00 from the Association of the British Pharmaceutical Industry, 162 Regent Street, London W1R 6DD.

□ The third UK Carrefour hypermarket was opened at Eastleigh, Hants, last week. The store, which cost £2m, has a total selling area of 50,000 sq ft. Recently the company has been granted planning permission to build a 178,000 sq ft hypermarket at Cribbs Causeway, Bristol, according to *The Grocer*.

□ The following have had their names added to the list of doctors exempted from the handwriting requirements of Regulation 15 (1) (b) of the Misuse of Drugs Regulations 1973: Dr C. A. Guercio, Department of Psychological Medicine, Guys Hospital, London SE1, and Dr A. Sittampalam, Lambeth Hospital, Brook Drive, London SE11 4TH.

□ A. H. Robins Co Ltd have suspended distribution of Dalkon Shield contraceptive device following US reports of septic abortions in some cases of pregnancy occurring with the shield in place. An expert committee of the US Food and Drug Administration is to assess if the product is less safe than other intra-uterine devices and the FDA commissioner will then decide if further labelling or other regulatory action is required.

Topical reflections

BY XRAYSER

The ant

I sometimes wonder if we, as a nation, lack consideration for others and if our outlook and our actions are not governed to some extent by an element of selfishness. It may be that we imagine we are giving the public a very good service and that the public, if consulted, would emphatically disagree. I well remember a pharmacy which indulged in the luxury of three "attendances" on a Sunday. The coming of war and black-out in that dreary winter of 1939 caused a change of established habit, and the evening attendance was dropped. Twenty years later, an irate lady entered the pharmacy one Monday morning demanding an explanation of the pharmacist's absence the previous evening.

And so we come to a report from the Consumers' Association on shop hours. I have mentioned before in this column the hours obtaining in pharmacy in my early association with the profession. It was a weekly 70 hours, which amounted to ten hours fewer than my seniors had been called upon to perform. There may have been a certain justification for longer hours at that time, for the populace as a whole worked a much longer day and had no five-day week. Today, pharmacy still gives a remarkable service of anything up to 50 hours each week, and has to bid in a very competitive market for labour. Now, according to *Which?* a sample survey of Consumers' Association members would like chemists' goods—whatever that may embrace—to be available out of "normal" hours. Forty-nine per cent of this sample would find day-to-day shopping until 10 pm useful, though only 28 per cent of an interviewed "national" sample were of that opinion.

... or the beaver

The magazine rejects arguments that longer hours would put up prices, adding, "we think that shop-workers and their unions shouldn't find more flexible shop hours inconsistent with maintaining or improving their conditions of employment." I suppose, assuming that the staff have never heard of "unsocial" hours and if the matter were discussed rationally, they would willingly stay until ten o'clock each evening for the same salary so as to support the CA's assertion that arguments about the putting up of prices may be rejected.

The Association wants a scrapping of the Shop Acts so that time of opening would be better suited to their customers than it is at present. Better suited to their customers? To those who work a 35 hour week and suddenly need a pair of shoes at half-past nine at night? To those who have had an exhausting session of bingo and want their prescription for an iron tonic at 10 pm? To those just returned from a pleasant afternoon at the seaside or 18 holes of golf, one lot requiring a sunburn lotion for over exposure to the mid-day sun and the other looking for adhesive tape to bind up the grip of that favourite no. 7 iron? There is no end to the possibilities.

Noon-day sun

But the pharmacist, who is conditioned to observing laws of infinite variety, cannot lie in the noon-day sun or extricate himself from a bunker without leaving someone in his place, and I imagine that not every member of the CA is in a position, even if he wanted to, to take over at the pharmacy.

The Association even suggests that building and decorating materials should be available in the late evening, leaving one with the impression of an early Hollywood version of a house being built and decorated overnight.

New products and packs

Note: Prices quoted relate to 10 per cent VAT

Cosmetics and toiletries

Individual lashes

Duralash are new, permanent individual lashes which are said to last for six weeks. Each lash is attached to the natural eyelash by means of an adhesive in black or transparent, and falls out when the natural eyelash falls out. Two packs are available. The starter pack (£3.75) contains 128 lashes in assorted lengths for upper and lower lids, applicator tweezers, Lashtite adhesive, and adhesive solvent, an eye make-up remover and a brush to clean and separate the lashes; the standard pack (£2.90) containing 60 lashes, adhesive and adhesive solvent. A large size Lashcare "hypo-allergenic" eye make-up remover (£0.95) is sold separately (J. L. Perl Ltd, PO Box 105, Sandy, Beds).

Cleansing lotion introduced

Swiss Bio-Facial cleansing lotion (£1.05) has been introduced by Mediline UK Ltd. The lotion "penetrates the skin to lift out hidden oil and dirt" and has been designed, say the makers, to replace washing with soap and water. Backing the launch is an advertising campaign which will last until the end of the year, and feature half and full-page advertisements in the national Press, women's magazines and the teenage Press. A compact display unit holding six packs of cleansing lotion and six of emulsion is obtainable, and introductory bonuses for both products are available through Thomas Christy & Co Ltd, the sole UK distributors (Thomas Christy & Co Ltd, North Lane, Aldershot, Hants).

A 'secret' from Dorothy Gray

Dorothy Gray have launched a new perfume range — Mon Secret — the perfume of which is said to be light and refreshing, enhanced by flowers of jasmine, rose and lily of the valley. The range consists of a perfume mist (£1.50) with refill (£1.05) that comes in a sleek case in dark green and gold; an eau de toilette in two sizes (£1.00, £1.50); an eau de toilette spray (£1.50); eau de Cologne (£1.00, £1.50); a creme parfume (£1.00, £1.50) that is a shiny, frosted, liquid cream; a bath oil (£1.00, £1.50); and dusting powder (£0.95) that comes in a dark green oval flask. The range is packed in fluted glass bottles with dark green fluted caps. The outer packaging has an "art decor" design — circles of burnt orange, Spanish gold, aubergine and green "whirled" together (Interbeauty Ltd, 202 Terminus Road, Eastbourne, Sussex).

Bulk pack of shampoo

Unichem have introduced a ½-gallon pack of shampoo under their brand name Kem-

val. The bulk pack of shampoo (£0.65) is in a choice of medicated or egg and lemon, and the makers are offering an introductory retail price of £0.55 per pack (Unichem Ltd, Crown House, Morden, Surrey).

More Air Spun products

Coty have introduced nail enamels and new eye make-up products to their Air Spun range. The nail enamels (£0.48) include six frosted and six creme shades, colour co-ordinated with the existing creme-stick shades. The eye make-up products consist of a gel eyeshadow (£0.48) in six soft and "shimmery" shades; an eyeliner/brow styler pencil (£0.40), a double-ended pencil in a choice of four colour combinations; and a concealer stick (£0.70) to "hide dark shadows and deep expression lines around the eyes", in three shades (Coty Ltd, Great West Road, Brentford, Middlesex).

Leichener add shadow crayons

Eye shadow crayons (£0.39) have been added to the Kamera Klear range by Leichener. There are ten colours in the range — the same as in the eye shadow cream range — and each colour crayon is wrapped in gold foil, is self-standing and has a transparent protective top (L. Leichener (London) Ltd, 436 Essex Road, London N1 3PL).

Two blushers in one

Double blush (£0.38) is the latest blusher from Miners. The pack contains two blushers in one — pink and tawney — each colour having a gold pearl tint, and it has its own "lolly-shaped" applicator that has a round, fluffy head and a telescopic handle (Myram Picker Ltd, Hook Rise, Surbiton Surrey).

Over the counter medicines

Indigestion lozenges

Unichem have relaunched Duo-Gestan indigestion lozenges (£0.20). Each contains aluminium hydroxide/magnesium carbonate co-dried gel 199mg, magnesium trisilicate 199mg, dimethylsiloxane 20.7mg in a fruit-flavoured base. This Unichem product is available to all pharmacies and is packed in a counter display outer holding 12 cartons (Unichem, Crown House, Morden, Surrey).

Babycare

Heinz baby foods

Heinz have added four new baby foods to the range: strained cream caramel, strained pear dessert with cream, junior apple dessert with cream, and junior spaghetti hoops with sausage supper.

Heinz say the dessert varieties have



been developed using a combination of the "most highly acceptable dessert ingredients" fruit and fresh cream, whereas "apples and pears are considered by mothers to be the most suitable fruits for their babies".

The new varieties will have advertising support during the first two weeks of September, when a new 15-second commercial will be transmitted. Press advertising includes advertisements in women's magazines and specialist mothercraft journals throughout the year (H. J. Heinz Co Ltd, Hayes Park, Hayes, Middlesex).

Photographic

Additional '110' model

Japanese Cameras Ltd have introduced a further "110" camera as a sister model to the previously-marketed Minolta Autopak 70.

Weighing under 7oz and measuring about 5 x 2¼ x 1 in, the Minolta Autopak 50 (guide price £38) is styled in black with satin silver finish. It has a 16mm, f8, coated, three element Rokkor lens incorporating a two position focusing control with distance symbols. A built-in lens cover can be slid along to protect the lens and it will also prevent accidental exposure.

With speeds ranging from 1/300th to 10 sec, the electronic shutter is linked to a metering eye for automatic control. When the speed selected is below 1/40th sec, a signal in the viewfinder indicates that a support or flash should be used. For flash, a Magicube X is used and insertion automatically sets the shutter speed at 1/40 sec, focusing of the lens then controlling the aperture. A red "flag" shows in the viewfinder if a used bulb appears in the firing position.

The bright, clear viewfinder includes a white frame and focus settings are also shown there. The film advance is of a thumb activated sliding type (Japanese Cameras Ltd, Hempstalls Lane, Newcastle, Staffs ST5 0SW).

Sundries

Club brush from Jacqueline

Jacqueline have introduced a Club brush (JAC 817) said to be ideal for all types of hair. The brush (£1.35) has a filling of bristle to "remove dust" and nylon filaments to "stimulate the scalp". It comes in a display unit containing 12 Club brushes, plus nine handy size (£1.10) and nine boudoir size (£1.50) brushes of the range (Jacqueline Sales, division of Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland NE24 4RG).

Trade News

Note: Prices quoted relate to 10 per cent VAT

Heinz baby club promotion

Heinz have announced a new competition designed to attract consumer interest by publicising the Heinz baby club, which offers housewives accessories and toys at reduced prices.

Entrants have to match illustrations and character descriptions of children and to suggest the birth sign under which they were born. Prizes are 10 £50 nursery "shopping sprees", 50 second prizes of £10 vouchers and 1,000 runner-up voucher prizes worth £1 each. Every entrant will receive the latest baby club catalogue, plus 25 bonus label vouchers which may be redeemed in purchasing baby club merchandise. Point of sale material and leaflets for in-store displays are available from H. J. Heinz Co Ltd, Hayes Park, Hayes, Middlesex.

Temporary insulin pack

To maintain supplies, the medical division of The Wellcome Foundation Ltd, Berkhamsted, Herts, will be issuing isophane insulin 40 units in temporary packs, suitably labelled.

Tetrex 250mg reformulation

Bristol Laboratories, Langley, Slough SL3 6EB, have reformulated Tetrex to contain phosphate-buffered tetracycline, which will yield the same activity as the previous formulation. Packs and prices remain unchanged.

Alternative advertising

During August, full-page advertisements for the Rimmel range will appear in the *Daily Mail*, *Daily Mirror*, and *The Sun*. These have been booked by Rimmel In-



ternational Ltd, 17 Cavendish Square, London W1M 0HE, as an alternative to four full-page advertisements that had been scheduled to appear in leading women's magazines which, due to an industrial dispute, will not be published.

Fennings pack change

Fennings Pharmaceuticals, 86 Hurst Road, Horsham, Sussex RH12 2DT announce that they are discontinuing their children's cooling powders 12 x 5 powders (60 pack) when stocks are exhausted. In future only the 24 x 5 powders (120 pack) will be supplied. This size however gives the retailer a 3 per cent better profit margin than the "60" size pack.

International photographic competition

"That's my world" is the theme of a colour photography competition for the Agfacolor FIAP cup.

Open to amateur photographers all over the world, the competition is organised by Agfa-Gevaert in conjunction with the Federation Internationale de l'Art Photographique (FIAP). First prize is a cup and Dm1,500 in cash, second Dm1,000, and third Dm500. There are also special prizes of illustrated books and certificates.

Each contestant may submit up to three transparencies or colour prints using Agfacolor materials. Transparencies, ready for projection, should not be smaller than 24 x 36mm or bigger than 6 x 6cm. All prints and transparencies must be accompanied by the photographer's name and address.

Printed address slips and entry forms should be completed, and are obtainable with rules and regulations from: Miss A. Tapson, Advertising Dept, Agfa-Gevaert Ltd, Great West Road, Brentford, Middlesex. Closing date for the competition is 31 October 1974 and entries should be submitted to: "Agfacolour FIAP Cup '74" Abteilung Presse-und Öffentlichkeitsarbeit, Agfa-Gevaert AG, Leverkusen, 509 Leverkusen-Bayerwerk, West Germany.

Fragrances introduced

Airwick solid by Jeyes UK Ltd, Brunel Way, Thetford, Norfolk, is now available in two fragrances — rose and lemon.

Robinsons win award

An "Excellence Award" in the miscellaneous section for irregular shaped boxes was won by Robinsons of Chesterfield, Wheat Bridge Mills, Chesterfield, for their entry in this year's competition of the

National Paper Box Association of America. The pack which gained the award is the round, beaded, shouldered case made for the Baby Bird spray fragrances by Cussons.

New colours introduced

Ten matching lipstick and nail polish shades have been added to the Outdoor Girl range, distributed by Myram Picker Ltd, Hook Rise, Surbiton, Surrey. There are five cream shades — sweet amber, pink petunia, candy kisses, victoria plum and deep carnation — and five pearl shades — silvery moon, pink quartz, mocka frost, simply red and crimson lustre. All are for sale in September.

Electronic flash units imported

Highgate-Dufay Ltd, 38 Jamestown Road, London NW1 7EJ, are now importing electronic flash units from Morris Photo Industrial Co Ltd, a Japanese company whose products have not previously been marketed in the UK under their own name. Models available in August range from Model C350 automatic computer (£14.30) to Model 606 with swivel foot (£25.26).

Good — but not that good!

Our reference last week to a 60 per cent discount on trade prices, plus bonus terms, in the latest Elle promotion was (subscribers must have guessed) an error. Crookes Anestan Ltd, 1 Thane Road West, Nottingham NG2 3AA, are in fact, offering a "5p-off" pack of Elle at bonus terms which are in addition to the £0.60 per dozen reduction represented by the consumer price-promotion.

Ovran and Ovranette

Ovran and Ovranette made by John Wyeth & Brother Ltd, Huntercombe Lane South, Taplow, Maidenhead, Berks SL6 0PH, are available as outers containing 24 x 21 cartons. Future orders direct to Wyeth must be for the appropriate outer size.

Co-op slimming promotion

Six manufacturers report increased sales across the full range of slimming products nationally advertised, in the Co-op's six week 'Watch your weight' promotion which ended April 30.

According to *Co-op Food News*, "The promotion was largely responsible for a 27 per cent boost in sales of Complan through Co-op stores during the first half of 1974. As a result of national Co-op pharmacy promotions during the "year of the Co-op chemist", Complan sales are expanding through Co-op pharmacies at a rate far in excess of our growth elsewhere," said a spokesman for Glaxo.

"The campaign has greatly strengthened the share held by Bisks through Co-op outlets", said Mr M. Delory, brand manager, Bisks. "A major boost in distribution for Saxin", reported Mr Flint, brand manager, Saxin. "Our success in watch your weight has given us a much clearer idea of the impressive potential for Nutriplan in Co-op pharmacies", commented Mr A. Beech, national accounts manager, Nutriplan.

Winning superintendent pharmacists in the staff incentive competition included



This mini counter jumble unit is obtainable free of charge by writing to Albion Soap Co Ltd, Free Post, 77 Station Road, Hampton, Middlesex. The unit does not need assembling and is attractively printed in yellow, brown, red and white.

Mr W. R. Hunt, Norwich Co-op, Mr C. J. Davey, Lancastria Co-op, and Mr Davison, NCC. Winning branches included branches at St Stephens Street, Norwich; Lytham Road, Freckleton, Lancs; St Sepulchre Gate, Doncaster; and London Road, Brighton.

"Watch your weight" was the second promotion designed for Co-op pharmacies and drugstores in 1974 during which a national "facelift" programme for stores links with national and regional Press advertising on health and beauty products to attract younger housewives to Co-op shopping.

Barclay promotion

During August Barclay & Sons Ltd — head office, PO Box 55, 1 Orgreave Way, Sheffield S13 9LW — will be running a promotion on the following Gillette and Elastoplast products: Gillette Dry Look (25 per cent discount on trade price); G11 razor blister pack plus refill (10 per cent discount); Elastoplast range (15 per cent on all products on quantities of a dozen or more single packs). The offer is obtainable from all local depots.

Unichem offers for August

The products on special offer in August by Unichem Ltd, Crown House, Malden, Surrey, are Gillette Foamy, Johnson & Johnson baby lotion and cotton buds, Libresse, Macleans, Freshmint, Mum, Pearl Drops, Q-Tips, Recital, Signal, Silvikrin shampoo and hairspray, US antiperspirant, dry powder, and bath liquid, and Oral B tooth brushes.

Campaign for Wind Song

Prince Matchabelli, Victoria Road, London NW10, are currently advertising Wind Song in national women's magazines such as *Cosmopolitan*, *Harpers &*

Christine Smith (right) receives a cheque for £25 from Brenda Hawkins (left) public relations executive for Lady Jayne hair products. Mrs Smith won first prize in the recent photographic competition for chemists' assistants run by Laughton & Sons Ltd, Warstock Road, Birmingham B14 4RT, in which she had to submit a photograph of a child aged

between three and ten wearing one of the Miss Jayne hairslides. Mrs Smith chose to photograph her three year old niece, Samantha Harriss, who also received a cheque for £25. Also present was Mr R. Connett, regional representative for Lady Jayne.



Queen, Honey and Vogue. The campaign is to last until October and features the product in half-page advertisements with the theme "I can't seem to forget you. Your Wind Song stays on my mind".

Universal infusion bottle holder

An infusion bottle holder for use in ambulances, ships and aircraft has been added to the Masterpeace range of hospital equipment.

The Universal infusion bottle holder is said to hold any of the modern type of infusion containers — glass, plastic bottles or bags — firmly in position, even when a transfusion is being carried out en route. The infusion container is held by the hook or supported by the neck and kept in place by an elasticated strap with

quick release Velcro fastening. Manufactured in heavy gauge, plastic coated wire to prevent bottle damage, the unit has a chromium tightening screw and assembly parts and is available from Seton Products Ltd, Tubiton House, Medlock Street, Oldham OL1 3HS.

on TV next week

Ln — London; M — Midland; Lc — Lancashire; Y — Yorkshire; Sc — Scotland; WW — Wales and West; So — South; NE — North-east; A — Anglia; U — Ulster; We — Westward; B — Border; G — Grampian; E — Eireann; CI — Channel Islands.

Adorn: M

Alberto Balsam conditioner: All except B, CI

Alberto Balsam shampoo: All except B, CI

Anadin: All areas

Aquafresh: All areas

Arriid Extra Dry: All areas

Brylcreem Omadine: Sc, G

Close-up: All except A, We, B

Cool: All areas

Delph lemon skin freshener & cleansing milk: M

Dry Look: All areas

Elnett Satin hairspray: All areas

Falcon: All areas

Fresh & Dry: All areas

Gillette G11: All areas

Harmony hairspray: All areas

Milk of Magnesia tablets: All areas

Old Spice Sea Splash: All areas

Oil of Ulay: All areas

Poli-grip: Ln, Lc, Sc, WW So, We, U, B

Right Guard: All areas

Rinstead Pastilles: All areas

Schick Injector razor system: Ln, M, Lc, Y, So, A, We, B, E, CI

Signal: All areas

Sunsilk shampoo: All areas

Sure: All areas

Super Poli-grip: Y, NE

Three Wishes antiperspirant: All areas

Three Wishes foam bath: All areas

Three Wishes soap: So

Colgate aim to get children brushing

A new fluoride toothpaste designed to protect children's teeth by encouraging them to brush longer, is being launched in Tyne-Tees by Colgate Palmolive. Its brand name is Cherish — a name which has performed well in tests with its connotation of parent-child relationships.

Colgate Palmolive's research has shown that, despite the growing sale of fluoride toothpastes, tooth decay in children is still a big problem because there is lack of parental supervision, children dislike some toothpastes and children are not brushing properly. The research has also pointed to a lack of consumer awareness that a fluoride toothpaste is not being used.

To overcome the usage problems, Cherish (with MFP fluoride) has been formulated to appeal to children and adults in respect of taste ("completely new"), colour (red) and texture (gel). In tests among housewives and children, the product was compared with the subjects' favourite brands and was preferred in respect of all parameters — for the adults these included flavour, fresh mouth and breath, cleaning the mouth, whitening teeth, suitability for children and protection.

The Tyne Tees launch will be backed by television advertising (expenditure equivalent to a national annual rate of £300,000)



Brand lettering in red effectively captures the "gel" texture of the product.

which will feature young families and children in amusing situations. Colgate Palmolive say they have proved by research that Cherish will achieve repeat purchase, but to ensure swift initial trial they are launching with a "half-price" consumer offer.

Cherish is in three sizes — 35cc (normal RRP £0.35), 50cc (£0.24), 85cc (£0.32). Delivery commences mid-August and advertising late September. Details of launch bonuses are available from Colgate Palmolive, 76 Oxford Street London W1A 1EN.

ORAL HYGIENE



The flavouring of oral hygiene preparations

Based on an article by Dieter Hinrichsen, a Dragoco chemist, in a recent "Dragoco report"

The total production of toothpastes and powders in the UK in 1973 amounted to £23m. This is clearly a market of some significance and continued expansion is to be expected. Although nowadays a medicinal or remedial effect is claimed for many of these preparations, their main action remains in principle the care and cleansing of the mouth and throat.

The consumer requires a toothpaste to clean his teeth gently but effectively and to suppress bad breath. It goes without saying that a pleasing taste and a freshening effect are important factors which have a decisive influence on the popularity of products of this kind. Neither sophisticated promotion nor good remedial properties are enough to offset an unfavourable impression of the taste which a toothpaste or a mouthwash leaves in the mouth. The manufacturer should set about choosing the flavour critically and carefully with an eye to the need to match the taste of the largest possible number of consumers.

In developing an oral hygiene preparation the manufacturer must have a clear concept to base it on. Important factors are the flavour trend, the effect, careful consideration of the promotional angles and matching of the presentation to them.

In the summer of 1971 there appeared on the market for the first time transparent toothpastes with red, green, and blue tints, which competed with the classical white. With a newly developed polishing agent, a special compound of silicic acid, together with glycerin and other substances, these were claimed to be even kinder to the teeth. It was also suggested that the particular consistency of the paste would give the user an impression of more thorough cleansing.

In flavouring a jelly toothpaste, care must be taken to ensure that the flavour does not cause clouding of the mix. The flavour should have the same refractive index as the active substance used, on average about 1.45. The toothpaste can be flavoured to suit the sector of the market to which it is aimed.

Although rumours filter across to us from America that sweetening with saccharin may in future be precluded on health grounds, this remains the most widely employed sweetener. Also used, either singly or in combination, are sorbitol, saccharose, lactose, perillartin, and

dulcin. Sweetener dosage is determined mainly by the inherent flavour of the mix, the type of flavour, and the product group to which the preparation belongs. A purely cosmetic toothpaste can be more heavily sweetened than, for instance, a medicated one. Depending on the raw materials in question, a flavour oil with a dry taste can be used and this in turn can be masked by sweetening.

To achieve a "shock freshening effect," as it is known, some toothpastes with chloroform as an additive have appeared on the market in recent years. By its rapid evaporation this achieves a novel effect which gives the toothpaste a distinctive character. Frequent use of these pastes and the resulting inhalation of chloroform vapour may be undesirable; and the addition of over 4 per cent of chloroform has the further adverse effect of solvent action on the autopolymerising acrylates used for crowns and fillings. The suppliers of essences offer flavour oils which achieve a freshening effect without the use of chloroform.

Clearly the manufacturer of an oral hygiene preparation must be sure of the chemical stability and consistency of taste of the flavour used. All Dragoco flavour oils are made to a standard recipe and tested under various conditions over a period of six weeks to twelve months. The essential requirements for a flavour oil for oral hygiene are a consistently pleasing taste, stability in the body of the end-product, and colour stability.

Categories of toothpaste

Cosmetic toothpaste — The main consumer requirement is gentle but effective cleansing of the teeth. Use of a fresh, well-rounded flavour formulation will at the same time suppress bad breath. The flavour dosage is 1 to 1.3 per cent.

Medicated toothpaste — This may contain a variety of active substances, such as special fluorine compounds, anti-enzymes, urea compounds, or ammonium salts, for protection against caries and periodontosis. In addition, azulene and astringent additives are said to prevent inflammation and stomatorrhagia. Bacterial growth is inhibited by the inclusion of bactericides like quaternary salts, cetylpyridine salts, or iodine. The unpleasant

taste caused by these additives can be masked by the use of a suitable flavour oil at a dosage of 1 to 1.5 per cent.

Cosmetic-therapeutic toothpaste — These toothpastes are in effect cosmetic toothpastes with various fluorine compounds added to protect the teeth against decay. They also contain limited quantities of anti-bacterial active substances to counter bad breath. Flavour dosage is 1 to 1.5 per cent.

Toothpastes with special additives — "Smokers' toothpastes," as they are called, are intended to clear up tartar and discolouration. The special cleaning particles have an intensive cleansing action on the teeth without, however, attacking the enamel. A fresh flavour with a slightly medicinal tang is recommended for them.

Sel de mer is an additive for non-foaming toothpastes; it acts on the gums to draw out excess fluid from the tissue. This osmosis tautens the gums and thus prevents stomatorrhagia and inflammation. The flavour should either reinforce the salty taste by extreme freshness or mask it in some pleasing way.

Also popular are toothpastes with an alcoholic additive, which may be about 30 per cent; the astringent action inhibits stomatorrhagia and at the same time reinforces the cleansing action. The character of the flavour should be clear and fresh, to emphasise the effect of the alcohol in psychological terms.

New arrivals on the market are toothpastes in which the polishing agent consists of polymethyl acrylate particles. Their advantage lies in reduced erosion of the enamel and improved release of the active substance. Only certain types of flavour can be used in these pastes, as the tiny plastic pellets have the property of absorbing certain ingredients.

The mechanisms of taste perception will now be discussed briefly. When the toothpaste comes into contact with the mucous membranes of the mouth and with the tongue, a first impression known as the foretaste, occurs. The topnote of the flavour is noticed at this stage and the freshening effect is at its maximum. The main taste which follows is derived from the basic type of the formulation which should be highly characteristic and so

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A Three Minute Commercial for Bonjela

½ minute*1 minute**1½ minutes**2 minutes**2½ minutes**3 minutes*

Try this simple test.

Next time a customer walks in with a mouth ulcer or sore gums or a teething baby recommend Bonjela. And watch.

In 75% of cases Bonjela relieves pain in the mouth within 3 minutes(1).

That's why we call it the three minute smile.

That's why more and more people are recommending Bonjela.

Join them. Stock and display Bonjela.

And have a few more smiling customers.

Bonjela.

The
3-minute
smile



References: 1. Weg., MH (1965)
Journal New Jersey Dental Society 37, 169.

Full prescribing information is available from: Lloyds Pharmaceuticals Ltd.
A member of Reckitt & Colman Pharmaceutical Division, Hull.

Product Licence No. 0107/5002.



Listerine is a mouthwash (Don't just sell Listerine as an antiseptic grazed-knee healer)



Listerine

The mouthwash that kills bad-breath germs.

Keep Listerine close to your dental counter. Listerine kills bad-breath germs.

Better than any toothpaste. (A toothpaste only touches the surface of the teeth and gums. Listerine gets at the real trouble spots deep inside the mouth.) You might warn your customers that Listerine tastes rather strong.

That proves how effective it is at making breath sweet for hours.

ORAL HYGIENE

Continued from p 118

appealing that the user has a spontaneous reaction of pleasure. When cleaning of the teeth is finished, there should be a lingering, pleasing aftertaste. Here freshness is the key element, for it emphasises efficacious cleaning of the teeth. For this reason good flavour fixing is important.

The flavours most often used in oral hygiene preparations are:

The pure, classical peppermint type — This category includes formulations of various peppermint oils differing in origin and quality. These oils must on no account have a bitter or dirty taste and rectified oils are to be preferred. The main varieties employed are American peppermint oil from *Mentha piperita* L, Brazilian peppermint oil and Japanese peppermint oil from *Mentha arvensis* L. Peppermint oils from Italy, Bulgaria, Romania, England, Hungary, France, and the USSR are also used. The differences in taste are attributable to soil and climatic variations and to the method of extraction and rectification.

To intensify the freshness of a mint flavour menthol is added to the formulation; dosage is critical here. A little too much can make the flavour bitter and give rise to burning on the tongue and irritation of the mucous membranes of the mouth.

Selection of the right menthol is also an important factor; cheap menthol is likely to prove a false economy for the cheaper grades often have a bitter, unclean taste, and a proportion of menthol even as low as 3 per cent (referred to the flavour oil) may have an unfavourable effect on the character of the flavour. Menthol being a component of the top-note, there is a risk of spoiling the vital foretaste of the toothpaste. Normally proportions of between 5 and 20 per cent give a good freshening effect. Any sharpness caused by the menthol can be balanced by the use of selected spice oils which gives an opportunity to add a special nuance to the peppermint flavour at the same time.

Interesting modifications of the peppermint character can also be achieved by adding vanilla extract, vanillin, anethol, attar of roses, tincture of iris, oil of camomile, oil of orange, piperonal, or neroli oil. Where combinations of these substances are used, care must be taken to match them harmoniously to the base.

The taste must be attuned to the promotional angle for the product. Pure or lightly modified peppermint flavour is primarily the characteristic flavour of cosmetic toothpastes; but with an appropriate blending in of spices and herbs it can also flavour a cosmetic-therapeutic toothpaste.

The spearmint taste — The essential oil *oleum menthae crispae* has a pleasing, highly characteristic taste and smell. The taste is subtly spicy and herby green and may be slightly bitter if the quality is inferior. The smell is balsam-sweet and herby. This oil first gained popularity in America through use in chewing-gum and toothpaste flavours. Initially it was mainly used as a modifier in peppermint formulations, but today it is employed as the

dominant base note in chewing-gum, toothpastes, mouthwashes, and mouth sprays.

Spearmint is now cultivated in China, Japan, Hungary, Spain, the USSR, and Yugoslavia, as well as in America. In addition to distillates from hybrids of these plants, many mixtures of various fractions are now on the market under trade names. The top quality, with its sweet-spicy, full balsamic background, undoubtedly comes from America but, because of their relatively low price, other grades are gaining an increasing share of the market. In building up a spearmint formulation it is helpful to add carvone (the main constituent of spearmint oil). Laevocarvone reinforces the spearmint character, and dextrocarvone, with a flavour trend of caraway, gives pleasing emphasis to the spice note. To achieve a distinctive well-rounded spearmint taste flavour-harmonising grades must be brought together for a flavour complex.

Organoleptic experimentation is necessary to determine the largest addition of menthol which will give the required freshness without causing sharpness or burning. Appropriate peppermint oils in tailored dosages round off the characteristic taste nicely. Well-chosen spice oils, such as aniseed, allspice, fennel, clove, or cinnamon, serve to give the flavour an original nuance. Dosage of these spice oil additives is critical, as many of them have the property of absorbing the freshness provided for in the formulation.

Fruit constituents, too, give unusual effects with accurate dosage, and in this context the addition of citric acid helps to provide the requisite rounding off. Correct sweetening of the mix is another factor which must not be overlooked; if saccharin is used the average amount added varies between 0.05 and 0.15 per cent according to the inherent taste of the toothpaste mix and the flavour used.

The peppermint-spearmint type — This widely used type of flavour is a mixture of selected peppermint oils with spearmint oils. Either the peppermint contribution or the spearmint note may be dominant, depending on the character of taste aimed at. In this class of flavours the flavour technologist has ample scope for modifications. Important considerations are the flavour harmony of the essential oil, the resulting freshness, and accurate dosage to give a nuance of the desired trend — spicy, fruity, or medicinal. Thus this flavour, suitably modified, can find a use not only in straightforward cosmetic and cosmetic-therapeutic toothpastes but also in medicated toothpaste and mouthwashes.

Given the right formulation and procedure, and depending in each case on the amount used, the following raw materials will give either a slight medicinal tang or, in conjunction with other spice oils and perfume bases, a potent spicy medicinal note: eugenol, isoeugenol, thymol, oils of thyme, myrrh, sage, cinnamon, organum, and ginger; methyl salicylate, benzoic- and cinnamic-acid esters.

Medicinal additives such as bromochlorophene, quaternary ammonium compounds, phenyl salicylate (salol), allantoin, azulene, fluorine compounds, and anti-enzymes, and also special surfactants used



Counter display unit for which bonus rates are available from Stafford-Miller Ltd, 166 Great North Road, Hatfield, Herts. The Softex toothbrush is advertised on every Sensodyne pack and 1/4 million "3p off a Softex brush" coupons will be distributed.

to influence the fermentation processes, are apt to give the toothpaste mix an objectionable inherent taste. The flavour technologist must find a suitable flavour which thoroughly masks the inherent taste, provides maximum freshness and gives a well-rounded characteristic taste.

Spicy flavour oil — This type of flavour is appearing on the market in an increasing number of products, partly because of the steadily growing share of the market taken up by toothpastes with a medicinal effect and partly because of the manufacturer's desire for novel and original flavour creations. Except in the case of the classical aniseed type, the production of a pleasant-tasting flavour with a spicy character is one of the most difficult tasks that faces the flavour expert. The problem is to achieve a harmonious blending of the characteristic tastes of the various spice oils into a new complex. A prerequisite is precise knowledge of the taste effect in the toothpaste mix of each of the perfume bases, essential oils, extracts, or tinctures in question. The essential oils most widely employed include oils of aniseed, fennel, caraway, clove, nutmeg, allspice, cinnamon, coriander, cardamom, thyme, sage, eucalyptus and rosemary.

Perfume bases often have an intensive flavouring effect, but in the right combination with the basic complex they can offer interesting rounding effects. Those used mainly include anethol, carvone, eugenol, thymol, methyl salicylate, anise aldehyde, cineol, carvyl esters, cinnamic aldehyde, anise alcohol. Original spice modifications can also be achieved by the use of liqueur essences and brandy distillates. The fantasies of the flavour technologist know no bounds.

Spicy flavour oils are based mainly on combinations of peppermint and spearmint oils with an appropriate proportion of menthol. For this type the following spice complexes are especially popular:

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cinnamon-methyl salicylate-clove; fresh aniseed notes with a slight medicinal tang; thyme-eucalyptus-methyl salicylate; aniseed-clove; cinnamon-carvone; eucalyptus sage-rosemary; myrrh-nutmeg-coriander.

A touch of fruit constituents or terpene-free citrus oils adds interesting nuances to the taste. A trace of concentrated spice oils, particular aromatic chemicals, or other flavour bases will often suffice to give a flavour oil a novel and unusual taste.

Miscellaneous flavour formulations —

Children's toothpastes need special flavouring. To minimise abrasive action this class of toothpastes is mainly built up on dibasic calcium phosphate. Fluorine compounds to inhibit caries are often added. Cleaning the teeth isn't really a child's favourite amusement and so the flavouring of toothpaste for them becomes particularly important. Fruit flavours are popular, but they must not be so tasty that children are tempted to eat the paste instead of clean their teeth with it. No one has ever died of eating toothpaste, but this does not quite achieve the intended purpose. One may therefore recommend peppermint flavours or combinations using spearmint oils, in which the fruit complex is confined to the top-note.

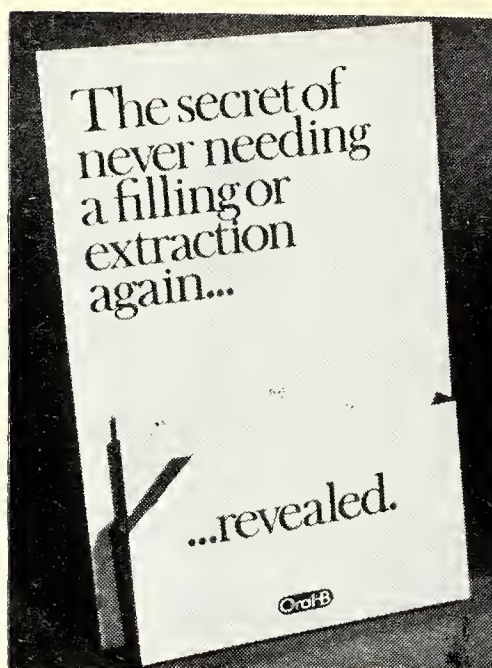
Good results are obtained with restrained blends of orange, tangerine, lemon, raspberry, banana, or "tutti-frutti". Terpene-free varieties are preferable. The amount of sweetening in a toothpaste for children should be rather higher than for normal pastes, perhaps around 0.08 to 0.15 per cent depending on the type of flavour. It is advisable to round off the formulation with a touch of vanillin, piperonal, cinnamon oil, or raspberry ketone.

Notes of remedial herbs can also make an outstanding contribution to freshness and provide a tingling effect. The following are some of those used in the form of oils, extracts or tinctures: camomile, arnica, milfoil, sage, rosemary, thyme, and myrrh. This flavour trend strengthens the user's feeling of having achieved effective and natural oral hygiene.

Refreshing-aromatic mouthwashes — The flavour oils are dissolved in alcohol, food colourants being used for tinting. The main purposes of a mouthwash are to clear loosely attached foreign matter from the teeth and to mask bad breath. Along with this there should be an appealing, fresh and, as far as possible, lingering taste. The alcohol content lies between 50 and 80 per cent. The flavour dosage varies between 3 and 20 per cent depending in the intensity required. Saccharin and dulcin are among the sweeteners used.

Peppermint formulations and peppermint-spearmint notes are particularly suitable for flavouring this class of mouthwash and are best built up with small quantities of various tinctures such as myrrh, iris, or benzoin. These constituents give the taste a slightly rounded character and give the rinsing water a cloudiness which is often a desirable characteristic.

Interesting nuances are to be had from



Oral B leaflets on toothbrushing technique

the intelligent addition of spice oils such as the oils of coriander, cinnamon, ginger, or aniseed. The freshening effect can be enhanced by including an appropriate proportion of menthol.

Novel taste impressions can be achieved by the use of oils of lemon, lime, orange, and tangerine.

Antiseptic-aromatic mouthwashes — In addition to the constituents mentioned above, this type of mouthwash contains antiseptics, such as quaternary ammonium compounds, hydroxybenzoic acid esters, chlorothymol, benzoic acid, or salicylic acid derivatives.

The flavouring may have a slight medicinal tang. One often finds freshening spearmint-peppermint combinations, intensified with carvone, anethol, eugenol, clove oil, or allspice oil. Modifications with eucalyptus oil, methyl salicylate, cineol, and the oils of thyme, cinnamon, and sage, rounded off with a good menthol, can also give interesting taste impressions and remind the user of the product's therapeutic action.

Medicated mouthwashes — Products in this category are intended to have a therapeutic effect arising from the inclusion of specific additives. Disinfectants, such as salicylic acid and its derivatives, chlorothymol, ethyl p-hydroxybenzoate, sodium dehydroacetate, cetylpyridinium chloride, bromochlorophene, hydroxybenzoic acid esters, or quaternary ammonium compounds, are meant to combat the growth of foreign bacteria by their bactericidal action. Astringent additives of zinc chloride or aluminium chlorohydroxyallantoinate are included to tauten the gums and prevent stomatorrhagia. A variety of fluoride compounds is used to check caries.

Naturally the employment of these kinds of additives is bound to influence the inherent taste, the main tendency of this concentration of active substances usually being to produce bitterness. It is not always all that easy, especially with gargles, to find a flavour that will mask this properly

and at the same time give the refreshing tang appropriate to the product.

Possible flavour bases are menthol, peppermint, and spearmint, combined with methyl salicylate, extract of myrrh, and oils of camomile and clove. The medicinal character can be emphasised by thymol, eucalyptol, oils of aniseed, thyme, fennel, sage and angelica root, and a variety of cresyl esters. More rarely used are the oils of tarragon, geranium, calmus, nutmeg, pepper and ginger.

To round off the formulation we recommend the addition of suitable amounts of vanillin, raspberry ketone, piperonal, tinctures of iris and benzoin, and attar of roses. Certain specific flavour bases for mouthwashes are particularly suitable for building up formulations of this kind.

For mouthwashes of low alcohol content a solubiliser must be used to ensure complete solubility of the flavouring. In choosing one, particular attention must be paid to neutrality of taste and low foam formation in the emulsifier. Where a manufacturer wishes to bring out a mouthwash and a toothpaste, a certain degree of flavour match between the two products is desirable.

Mouth sprays

The mouth spray is one of the great modern achievements in the field of oral hygiene. Its advantage is that it can be quickly and inconspicuously used at any time and place. It is much prized by those who suffer from chronic bad breath.

The flavour should give a pleasing taste and a refreshing effect. Bactericidal action can be brought about by the inclusion of various active substances such as bromochlorophene, sodium N-laurylsarkoside, or allantoic acid. The sweetener mostly used is saccharin, with a dosage of about 0.1 per cent. On average the charge is 10 to 20cc. The pressure pack must be provided with a metering valve and good sealing of the valve is important, otherwise discolouration and deterioration of flavour may occur.

Flavour dosage is between 2 and 5 per cent depending on the type of flavour. Fresh peppermint notes, well rounded and mild in taste, are especially popular. Modifications can be carried out using spearmint oil and spicy notes, such as cinnamon, anise, coriander, clove, ginger, fennel, cascarilla, basilicum, and eucalyptus. The spice note must, however, remain subliminal otherwise the taste is apt to become obtrusive.

Fruit complexes are also suitable for mouth sprays but must always be enhanced by a mild freshness. To add nuances to peppermint-spearmint notes lime, lemon, orange, tangerine, cola-lime, apricot, pineapple, or "tutti-frutti" may be used; the taste can be rounded off with citric acid, tartaric acid, vanilla, or caramel.

The flavours are dissolved in 50 to 96 per cent alcohol (depending on their solubility and the dosage) and mixed with saccharin and sometimes also with sorbose or glycerin. The aerosol is then filled with about 30 per cent of this active substance and 70 per cent propellant gas.

An appealing, refreshing aroma formulation with an original topnote is one of the major factors in determining the success and popularity of a mouth spray.

Do you only stock half the answer to sensitive teeth?

Sensodyne toothpaste has long been established as the principal treatment for sensitive teeth. Continuous professional endorsement by dentists has ensured an increasing sales volume. The specially designed Sensodyne Softex toothbrush, recently introduced, has become an essential part of the treatment.

The brush is made of 2,500 resilient nylon bristles, each specially rounded at the tip to prevent gum abrasion and the pain of brushing. The Softex toothbrush is being heavily promoted and many more dentists are recommending it simultaneously with Sensodyne, for the treatment of sensitive teeth.

Are you missing out on these additional and profitable brush sales?

Every Sensodyne toothpaste customer is a natural Softex toothbrush purchaser.

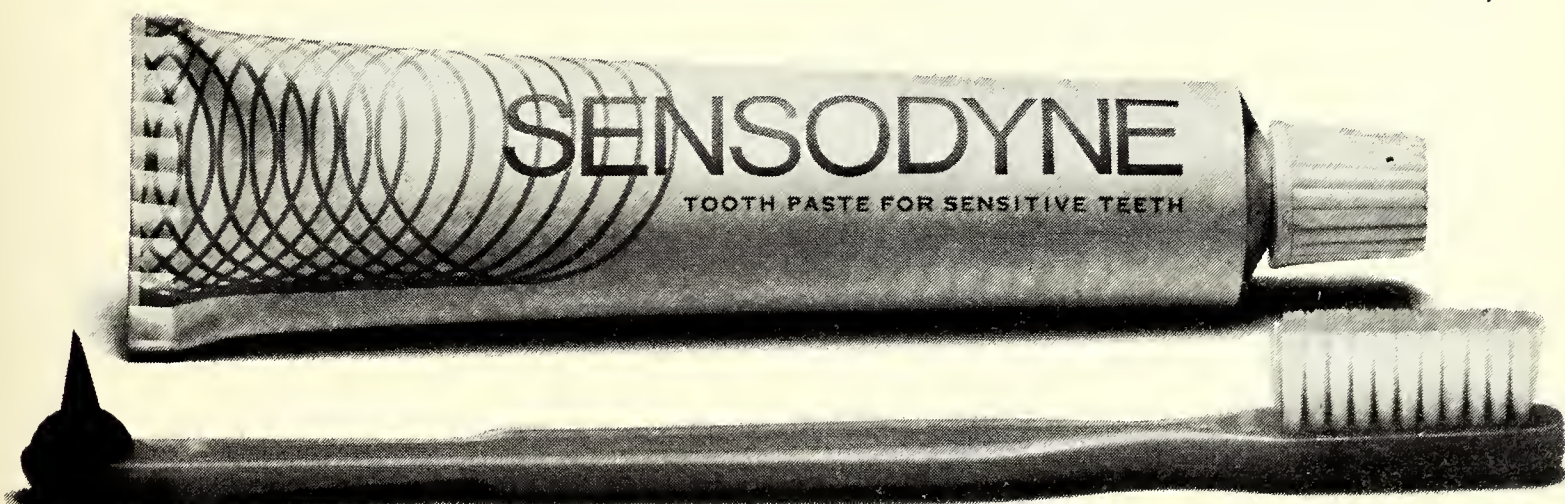
Premium priced and highly profitable, the Softex brush is available currently in a special counter unit at display bonus rates. See your Stafford-Miller representative.

And remember, when you sell Sensodyne toothpaste recommend a Softex toothbrush. Together they provide the complete home treatment for sensitive teeth.

Stafford Miller

Quality products for dental health.

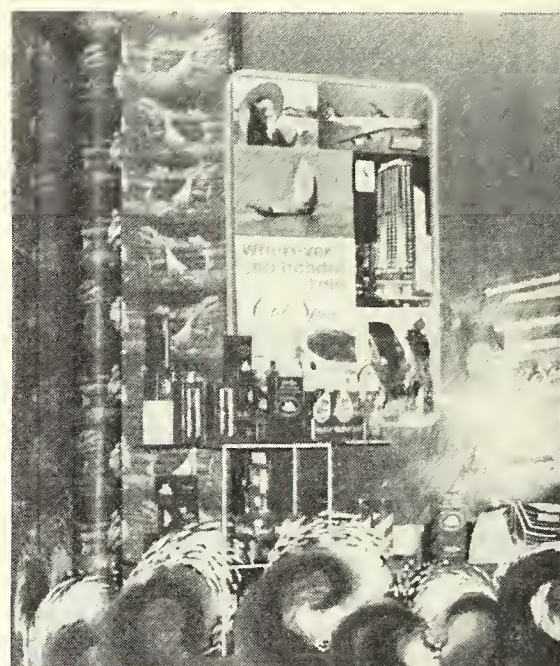
Hatfield, Herts., England.



Old Spice 1974 Window D



1st Prize (Northern): Tile Hill Pharmacy (1964) Ltd



1st Prize (Southern): Higgins & Son (Chemist)

1st Prizes:

Holiday for two, for two weeks in Hong Kong via Singapore

Northern Area

Tile Hill Pharmacy (1964) Ltd.,
343 Tile Hill Lane, Coventry,
Warwickshire.

Southern Area

Higgins & Son (Chemist) Ltd.,
47 Market Place, Salisbury,
Wilts.

2nd Prizes:

EKCO Hostess Heated Food Trolleys

Northern Area

L. Todd Ltd.,
2 Anchorsholme Lane East,
Cleveleys, Blackpool, Lancs.

C. Greig, Ian MacKenzie,
2 Abbotswell Crescent,
Aberdeen AB1 5AR.

Southern Area

P. G. & B. A. Carroll,
Drug Stores,
245 Caledonian Road,
London N.1.

S. A. Ruben, MPS,
147 Wembley Park Drive,
Wembley, Middx.



2nd Prize (Northern): L. Todd Ltd

The judges met at 100 Brompton Road, London S.W.3 on Friday 12th July 1974. Points were awarded for each of the five sections of the judging and then added together to give the final result.

The five sections were:

- 1 Display of the poster provided by Shulton.
- 2 Presentation and style of the window display.
- 3 Detail and originality of the window.
- 4 How the Old Spice products were displayed.
- 5 Selling effectiveness of the window.

This was the sit on the panel of experience it was. The windows caused me table – and incident very difficult. There creative skills avail they would have bee designer. I'm sure t you and ourselves f astounded – and wh getting the extra sal I hope the priz they look pretty goo them my congratula took part.

Deputy Managing Di

Play Competition Winners.



Prize (Southern):
Ruben MPS

3rd Prizes: R.G.D. Stereo Record Players

AREA 1

W. C King, MPS,
5 Amwell Street,
London EC1.
Mr. S. Benghiat, MPS,
Curtis Chemists,
9 Baker Street, London, W.1.
Timmis & Richards,
32 Kings Road, Chelsea,
London SW 10.
W. A. Shephard, Ltd.,
Greyhound Road,
London, W.6.

had been invited to
most rewarding
and ingenuity in the
round the judging
the job of judging
no limit to the
these windows;
any professional
measure the benefit to
sales we would be
we've all had fun

joy their prizes -
would like to offer
thanks to all who

Mark Lawrence

AREA 2

J. A. Leach, MPS,
1 Middle Park Way,
Leigh Park, Havant, Hants.
Bremletts Ltd., Chemists,
144 Forton Road,
Gosport, Hampshire.
C. R. P. Strachan,
Ferring Pharmacy,
112 Ferring Street,
Ferring By Sea,
Worthing, Sussex.
Mr. H. C. Taylor,
F. Wainwright & Son Ltd.,
88 Market Street,
Eastleigh, Hants.

AREA 3

Moor Park Pharmacy,
34 Main Avenue, Moor Park,
Northwood, Middlesex.
Mrs. R. D. Taylor,
Horace Wright (Chemists) Ltd.,
98 High Street,
Edgware, Middlesex.
Stanley Eden,
67 Cricklewood Broadway,
London, NW2.
Miss C. Atkinson,
8 Stirling Road,
Wealdstone, Middlesex.

AREA 4

W. G. Pollard, Cleverly
Chemists, Bell Pharmacy,
16 Bell Wald, Gloucester.
Alun G. Cunnah, MPS,
Wepre Pharmacy, 113 High St.,
Connah's Quay, N. Wales.
Pritchard Ltd., 62 Park Street,
Treforest County, Glamorgan.
Griffiths Bros.,
Cross Pharmacy, Pontardawe,
Swansea, Glamorganshire.

AREA 5

B. Sammans,
J. E. Hopkinson, MPS,
Dispensing Chemist,
Crown Sq., Matlock, Derby.
John Choytor, Chemist, Ltd.,
6 Hall Green Road,
Coventry, Warks.
Mr. & Mrs. D. Andrew,
D. & M. Andrew Ltd.,
10 Fullhurst Avenue, Leics.
R. A. Birchill,
Birchill & Watson Co.,
Pharmaceutical Chemists,
107 High Street, Wolstanton,
Newcastle, Staffs.

AREA 6

Lancastria Coop,
Lancastria House,
Adelaide Street, Blackpool.
N. D. P. Alexander,
The Pharmacy, 51 Stuart Rd.,
Crosby, Liverpool 23.
William Livesey,
Ribbleton Pharmacy Ltd.,
182 Ribbleton Avenue,
Preston, Lancs.
E. Silverberg & Co. Ltd.,
86 Allerton Road,
Liverpool L18 1LW.

AREA 7

A. H. Watson, MPS,
Pharmaceutical Chemist,
129 Drumlanrig Street,
Thornhill DG3 5LP, Scotland.
L. Hitcheson,
Calder Pharmacy,
42 Waterloo Road,
Blyth, Northumberland.
John Wilson, MPS,
39 High Street, Dalbeattie,
Kirkcubrightshire, Scotland.
Thomas Bell, Chemist,
Lake Rd., Ambleside, Cumbria

AREA 8

A. A. Walker, MPS,

Pharmaceutical Chemist,
Ashburn Square,
Strabane, N. Ireland.
Boyd's Pharmacy,
(C. Boyd, MPS),
332 Donegall Road,
Belfast BT12 6FX, N. Ireland.
J. P. McErlean, MPS,
High Street, Killyleagh,
Downpatrick, N. Ireland.
Mullan Pharmacy Ltd.,
10 Darling Street,
Enniskillen, N. Ireland.

AREA 9

J. E. Baldock, High Street,
Borough Green, Kent.
The Blake Pharmacy,
91 Blatchington Road,
Hove, Sussex.
Mrs. J. Letchford Ltd.,
The Pharmacy, 74 High Street,
Minster, Ramsgate, Kent.
Miss C. Frost,
Coop Chemist Ltd.,
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AREA 10

Collins & Butterworth Ltd.,
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Lancashire.

AREA 11

M. Maung, Superintendent
Chemist, Desborough
Coop Society Ltd.,
31 Station Road, Desborough,
Nr Kettering, Northants.
J. Beale, MPS, 1 Ye Corner,
Aldenhall Rd., Watford, Herts.
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Cresswell Chemist,
442 Castle Road, Bedford.
D. L. Taylor, MPS,
17 The Square,
Kenilworth, Warwickshire.

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Southampton.

AREA 13

Holman, Ham & Co. Ltd.,
9 The Quay, Bideford, Devon.
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Francis Pike (Truro),
3 King Street, Truro,
Cornwall TR1 2RA.
P. J. & M. J. Clements,
22-24 South Street,
Torrington, N. Devon.
D. P. Prosser (Chemists) Ltd.,
8-10 Market Place, Padstow
Cornwall PL28 8AL.

AREA 14

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J. Vivian Stitt,
4 Craddock's Parade,
Ashted, Surrey.
B. M. Patel, B. Pharm., MPS,
153 Maybury Road,
Woking, Surrey.

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195 Wroxham Road,
Sprowston, Norwich, Norfolk.

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W. Doherty, MPS,
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J. G. Dawson Ltd.,
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Hartlepool, Cleveland County.

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W. Main, MPS, 42 Castle St.,
Forfar, Angus, Scotland.
George M. Davie,
Dundee Ltd., Chemist,
236 Hilltown, Dundee,
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Paul Martin (Chemist) Ltd.,
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London N4.
Stanley Eden,
67 Cricklewood Broadway,
London NW2.
C. Wilson, MPS,
571 Green Lane, London N8.

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Waynes, 431 Hurcott Road,
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Kidderminster, Worcs.
W. W. Price Ltd.,
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37 Park Grange Drive,
Sheffield S2 35F.
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The Pharmacy, 52 Southgate,
Elland, Yorks.

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Mount Vernon, Glasgow,
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Glasgow G20.
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J. Woolfe, 3a Lakeland Court,
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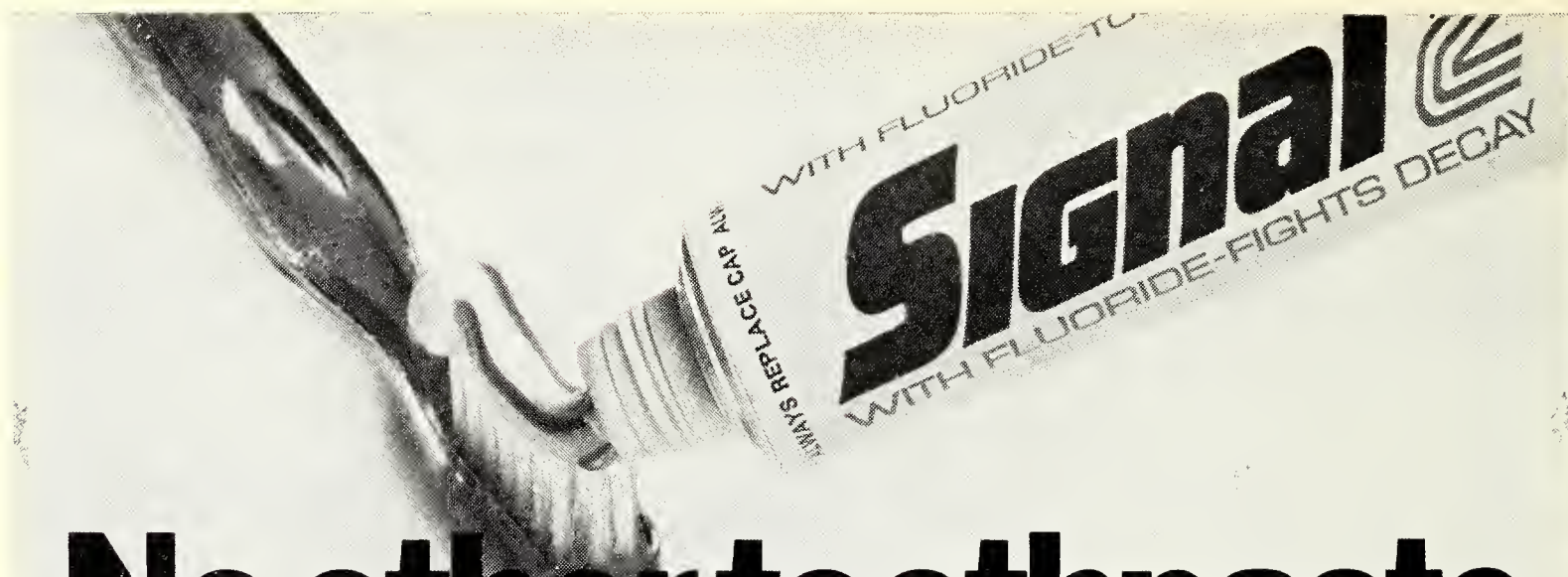
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Lewis & Lewis, Drug Store,
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No other toothpaste is better at fighting tooth decay.

That is the result of extensive 3-year clinical trials, in the U.K., using methods recommended by the British Dental Association.

That is the message in the new, heavyweight national TV campaign for Signal 2, starting with 45-second spots on July 8.

That is the kind of strength you expect from Signal, the brand that's increased in market value since 1970 by 28%.

Fluoride brands now account for 50% of the toothpaste market and are still gaining share.

By stocking Signal 2, you'll be sharing in that growth. In a big way!



Signal 2

"It tastes good, too"

ORAL HYGIENE

Toothpaste: fluorides capture over half the market

One factor above all others has changed the pattern of the toothpaste market over the last four years — the swing to fluoride. Accounting for only 4 per cent of sales in 1970, the fluoride brands claimed an astonishing 52 per cent last year, and that in a market which has continued to expand in real terms as well as in value.

The rate of value increase is being maintained at around 6 per cent a year, but forecasts for this year suggest something higher because of the influence of inflation. Against that, the high level of price promotion between brands tends to "deflate" the value market, so that manufacturers' estimates for 1974 vary between £26m and £30m.

There is still enormous potential for growth however. In terms of "standard" tubes, sales in Great Britain stand at around the 300 million mark, but this compares unfavourably with some other developed countries. In the USA annual consumption is put at 36 standard tubes per household; for W. Germany it is 24 — but for Britain only 14.

The untapped potential is confirmed by the *IPC Cosmetics and Toiletries Survey* for the second half of 1973, which showed that only 81 per cent of women interviewed were using a toothpaste or powder. However, in the 13-24 age group 99 per cent were users, suggesting that the young are more responsive to the oral hygiene message than their elders. If they continue the tooth-care habit, the market must grow still further.

Education

Manufacturers have long been aware that investment in oral hygiene "education" is a good long term investment in respect of market expansion (the "un-branded" literature and advice service offered by Gibbs is an outstanding example), but the advent of fluoride has given it new impetus. Fluoride toothpastes have, perhaps for the first time, given opportunity for genuine long-term clinical trials on the prevention of tooth decay — and they have not been found wanting. School authorities have therefore been pleased to permit hygiene kits containing branded fluoride toothpastes to be distributed to children under their control, in the certain knowledge that development of the fluoride habit will make a positive contribution to the children's health.

The fluoride "swing" has, of course, been led by the toothpaste manufacturers, so to what extent have consumers "swallowed" fluoride unwillingly or unwittingly when their existing brand simply added the extra ingredient? Certainly there was no spontaneous appetite for fluoride, because the launch of Colgate's fluoride

brand in the late sixties failed to change the market pattern — despite substantiated claims made on the basis of American trials. But following the publication of British trials in 1970 (in which the MFP formula was used), Colgate were able to claim a four-fold increase in the fluoride sector in two months! This change in public attitude has continued over the past four years. On p128 of this feature we refer to growing professional awareness of "preventive dentistry", and Colgate have found, in group interviews with housewives, that even dentists who are applying fluoride treatments to their patients are also recommending the use of fluoride toothpastes. Mr L. Pryce (senior product manager, Colgate Palmolive) says: "The message is getting through that in clinical trials for Colgate plus MFP fluoride, children using fluoride needed up to 30 per cent fewer fillings".

New challenge

Colgate Dental Cream is the overall market leader and, in addition, Colgate claim they have 56 per cent of the fluoride sector with CDC the key product. It achieved record sales in 1973 and the latest sales journey has also produced a new record. However, Signal 2 is poised to provide a fresh challenge with the go-ahead for television commercials which can claim, on the basis of extensive British trials (last week, p85) that "No other toothpaste is better at fighting tooth decay". A brand based on stannous fluoride, Crest, is still on test market in Yorkshire, but its competitors do not rate its success very highly (Procter & Gamble, the makers, do not themselves release any brand information).

But it is not only fluoride that is doing well in the therapeutic sector. Stafford-Miller claim that sales of their Sensodyne toothpaste are up 25 per cent on last year's record figures "and show no signs of slowing up." Their market is by no means saturated if their estimate of over 7 million sufferers from "sensitive teeth" in Great Britain is correct.

What influences the brand choice of today's consumer? In their research preceding the national launch of Aquafresh, Beecham found that although the average housewife and mother seeks breath freshness, whiteness and fluoride protection, there is a new and growing group of "heavy" toothpaste users who are principally concerned with the first of these attributes — and who seek a stronger "bite" to the flavour than is offered by most existing brands.

Other manufacturers are convinced that fluoride is the strongest consumer influence. Nevertheless, flavour is fundamental to the purchase decision. Says Mr

Francois Grandclaude, marketing manager Gibbs dental group: "There is no such thing as an absolutely loyal consumer. All have brands they are prepared to consider, but no special offer or cut price will make anyone buy a brand they don't like. But within the 'acceptable' brands, price can tip the balance in favour of a particular one."

In *C&D's* Oral Hygiene feature in 1971 we commented, in relation to fluoride toothpastes at the start of their boom: "The more technical the product, the more 'selling' it takes — and the more it becomes a 'chemist's' line." There are some signs that such a trend is taking place, with Signal having 22 per cent of its sales in chemists against some "whiteness" brands in the region of 14-15 per cent.

The extent of the overall chemists' share of the market is in some doubt. The *IPC Survey* gives 39 per cent, of which Boots account for 22 per cent (these figures are based on the source of the product last used in a weighted sample of 1,684 women). But an independent audit used by manufacturers themselves gives chemists in total only 21 per cent, of which Boots account for around 15 per cent.

Mr Grandclaude believes that these shares will grow as the "therapeutic" sector grows. Not only is the pharmacist becoming a better merchandiser, but his "white coat" and "honest approach" image is a strong base upon which to build. Competitiveness is nevertheless essential — "Any chemist who is really trying can obtain our best terms, but he must be prepared to promote aggressively and he should support the manufacturers who know the market."

Brand shares are argued fiercely between the various manufacturers — most brand managers seem to have figures which prove *their* share is going up. But the market is becoming more fragmented as brands such as Close-up capture, and hold, significant shares (and it must be at *someone's* expense, despite denials).

There seems no dispute that Colgate CDC leads the league table with around a quarter of the market, however. Then comes a group with fluctuating shares between 10 and 13 per cent — Macleans Freshmint, Signal 2, Close-up and SR. The next group, each with 6 to 8 per cent, includes Ultrabrite and Macleans fluoride.

Future trends are less certain. Signal 2 is making a strong bid not only to increase its share but to expand the fluoride sector. Beecham's Aquafresh going national, the entry of the two Boots clear gel brands (a blue and a red, the latter very similar to Close-up in consumer terms), and with Crest waiting in the wings, the fragmentation is likely to continue.

Chemists' benefit

Even as we go to press comes news of the market's latest test entry (see p117). Colgate are combining the vogue for gel formulations with the proven demand for fluoride, and are placing their new Cherish brand squarely in the "protection" sector (other gels are primarily "freshness" orientated).

But with one manufacturer's gain another's loss, and with the central protagonists too big to take losses lying down, the chemist can expect some real competition for his shelf space in the next year.

ORAL HYGIENE

Marketing the mouth

How can the public be persuaded to care about oral hygiene? The British Dental Health Foundation is trying to promote the healthy mouth as a desirable commodity and to persuade dentists to change to a policy of prevention rather than repair. Next year, one of the Foundation's major campaigns will be carried out in pharmacies. C&D asked Mr Jack Manning, the chairman, what is involved in "marketing the mouth."

"We hope to create an awareness — to make people aware of the mouth in the same way they are aware of Ford motor cars and hair shampoos," says Mr Manning. A healthy mouth can be a beautiful and sensual thing. "We are trying to create an awareness of what it can offer to a person . . . something to be enjoyed without disease and without pain throughout life."

But how can they hope to convince the large section of the public who would rather spend an extra five minutes in bed than add tooth care to their morning routine and who think tooth loss is an inevitable part of growing old? It is estimated that more than half the adult population never visit the dentist for subsidised treatment so how likely are they to seek preventive dentistry for which they will have to pay?

Mr Manning admits that the Foundation is battling against a low level of interest both from the patients' and the dentists' point of view, but the Foundation's "three- or four-pronged attack" seems to be having some effect.

Regular meetings with journalists have resulted in articles in the Press and there have been several radio broadcasts. The Foundation continually lobbies MPs and before the election a long discussion was held with seven of them about sugar and dental health. It is felt that opinions put forward at that meeting "must have profoundly affected decisions made in the Budget" as four of the MPs are now members of the Cabinet.

As an entry for the Foundation's inter-hospital trophy, the Royal Dental Hospital held an exhibition in the House of Commons' central lobby and aroused considerable interest — MPs passing by were shown how to use disclosing tablets and saw their own plaque on a television screen. Although not directly responsible for the exhibition, the Foundation is undertaking the follow-up work and contacting MPs to maintain initial interest.

Dental health projects planned for areas throughout the British Isles are intended to stimulate interest at a local level. The first was a pilot "mini mouth" week in Camden. The project started in the schools, where children were encouraged to have free expression, in terms of dental health, for one month — they made models, painted pictures — and an exhibition, manned by dentists, was held at the consumer aid centre. The exhibition was backed by the Foundation's literature, photographs and demonstrations of plaque

control, topical fluorides and fissure sealings. All the local pharmacists were approached to make sure they carried stocks of the products on display and local councillors, doctors, teachers, schoolchildren and Press all streamed through the exhibition. The follow-up, to find out how much information is retained by people after 6 to 9 months, is still taking place.

Another campaign, planned for 1975, will involve pharmacists. The Foundation is hoping to train "mouth-care counsellors" who will visit pharmacies and give demonstrations on dental health to the customers as they walk round the shop. The counsellors will be "on loan" for several days to give impartial advice, to create an interest in preventive dentistry and to make the public aware of the products available.

Training of the counsellors will be a costly procedure, financed hopefully by pharmaceutical firms, although the demonstrators will not be expected to promote individual products but to promote oral hygiene as a concept. The scheme will be carried out at first on an experimental basis, probably in the larger pharmacies. At a later stage, small pharmacies in which there is no room for a separate dental health counter could come to some collective arrangement.

Pharmacists' reaction

The Foundation is interested to know how pharmacists would react to such a scheme and if they would be willing to pay a donation for use of these counsellors. For a long time, the Foundation has been encouraging pharmacists to set up special dental health sections and is pleased to see how many have taken that advice.

Pharmacists can also promote an awareness of dental hygiene in the pharmaceutical industry. The Foundation feels there is a great deal of work to be done concerning mixtures containing far too much sucrose which are frequently given to people who have fever and a dry mouth — ideal conditions for bacteria to do their worst. Acid decomposition products of sucrose rapidly decalcify teeth in such situations. Children, particularly, suffer "ladling in of sugar" during the night to stop them coughing or before going to bed when they have already cleaned their teeth.

It is felt that manufacturers are not necessarily against using other sweeteners, but why change an existing product when it is otherwise satisfactory? Research is expensive and for what? Sugar

has good binding and preservative properties and once a formulation has been medically approved manufacturers are loathe to change it. The aim now should be for all mixtures to be dentally approved also.

One obstacle to the promotion of preventive dentistry appears to be the dentists themselves. The Foundation estimates that fewer than 1 per cent offer such services, although most would probably accept in theory that prevention is better than repair.

Only in the past two or three years (the Foundation will be three years old in September) has preventive dentistry become a viable proposition. "The only thing it hasn't become is payable," says Mr Manning "but then dentists don't get paid properly for bridge work or crown work and many other things under the National Health Service." Patients are given little encouragement in the surgery to ask about prevention and when they do they are often put off by the cost — all this discussion and possibly argument with the dentist takes time. The Foundation aims to tell the public what is involved to save dentists having to do the background work.

Preventive manual

A "Preventive dentistry" manual has been sent out free to every practising dentist in the UK in an effort to persuade them to change their basic philosophy. "Preventive dentistry is an attitude of mind," it says. "Dental disease is an avoidable evil. It is better by far to prevent it than to accept it and spend one's life patching up the mess it leaves behind."

The first part of the manual explains what plaque is, how it causes caries and periodontal disease and how it can be removed. But plaque removal is only part of the battle; the second section explains how the tooth resistance can be strengthened by taking fluoride in water or as tablets, by applying topical fluoride treatments and by protecting the pits and fissures with sealants. Suggestions are given for group treatment in schools, with weekly sodium fluoride rinsing or stannous fluoride "brush-ins." The message throughout is that dentists should take the time and trouble to motivate their patients into caring about teeth — to change their own image from one of the surgeon/"butcher" whom nobody likes to that of healer and adviser. Dentistry as a surgical procedure is "not good for the image."

Copies of the manual have been sent to Women's Institutes, the Red Cross and nursing associations. Mr Manning hopes these organisations will respond by "putting pressure on the system," both politically and by making dentists "stir and move with the times." Once people know what kind of services are possible they will endeavour, he hopes, to make sure they are available.

So the Foundation is optimistic about the future, foreseeing a growing use of preventive dentistry products in the home, with instruments such as do-it-yourself scale removers being on sale to the public. But dentists will never be out of a job. There is enough creative dentistry to do without having to patch up "this suicide — these deliberate acts of mortality on the teeth," which can so easily be avoided.

Oraldene

the advice your customers are happy to follow

When you recommend Oraldene to customers suffering from common mouth or throat infections your advice will be happily followed. Oraldene is a pleasant-tasting preparation that gives fast, soothing relief from minor throat infections, mouth ulcers, denture trauma and other common mouth and throat complaints. A half-minute rinse or gargle

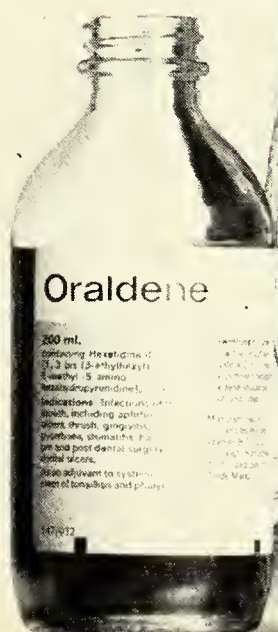
with neat Oraldene gives hours of protection because the active principle, hexetidine, has a marked affinity for oral mucosa and dental plaque.

Oraldene contains hexetidine 0.1% and is supplied in bottles of 200 ml. Further information is available on request from William R. Warner & Co. Ltd., Eastleigh, Hants. Tel. Eastleigh 3131

'Oraldene' is a registered trade mark.



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**Strong professional recommendation
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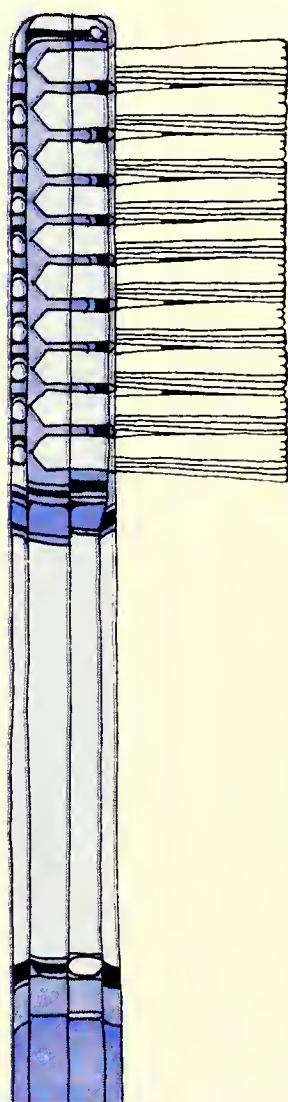
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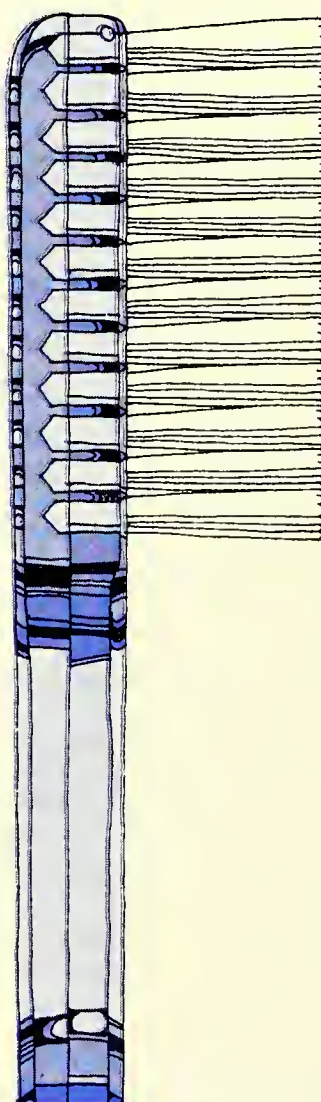
**Available in a range of sizes—
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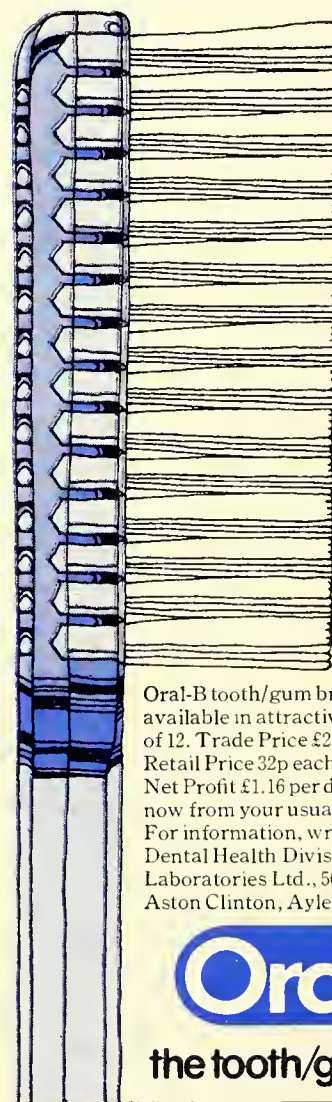
Oral-B 30
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Oral-B tooth/gum brushes are available in attractive display outers of 12. Trade Price £2.55 per dozen, Retail Price 32p each, (inc. VAT) Net Profit £1.16 per dozen. Order now from your usual wholesaler. For information, write to Oral-B Dental Health Division, Knox Laboratories Ltd., 50 Weston Road, Aston Clinton, Aylesbury, Bucks.

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ORAL HYGIENE

Ulcers: the pharmacist's role

by K. T. Lalvani, BPharm, MPS, DBA, PhD, research director, Vitabiotics Ltd

Oral ulceration is one of the few ailments where most customers still accept a pharmacist's expert opinion and recommendation. A sufferer of recurrent oral ulcers is usually willing to try something new with pharmacist's recommendation, after earlier disappointments with one or more prescribed or advertised products.

Oral ulcer or stomatitis may be of bacterial, viral or fungal origin or it may be due to local trauma or drug induced. In other cases, no cause may be known.

The term aphthous ulceration is often used loosely to describe a multitude of disorders which the observer is unable to identify more specifically. Recurrent aphthous ulceration affects at least 40 per cent of the population. It is more prevalent among teenagers and young adults. There are slightly more female patients affected than males. The aetiology is unknown but hereditary factors, local trauma, hormonal disturbances, gastrointestinal disorders and psychological factors have been implicated at some time. Recent suggestions and the evidence of auto-immunity as a possible causative factor are by no means conclusive.

However, most of the oral ulcers carry secondary fungal and/or bacterial infection. Hence for an effective and lasting relief, use of combined antifungal antibacterial therapy should be of great value. Any breakdown of oral mucous membrane (ulceration) is almost inevitably followed by secondary infection.

Steroids ineffective

"Topical steroids were recently hailed as the treatment for aphthous ulceration but clinical results largely failed to support the early hopes.¹" Steroids are ineffective in bacterial infections and can prove fatal in candidal infections.

Local or systemic use of antibiotics may disturb the normal bacterial flora of the mouth and hence lead to super-infection with candida resulting in stomatitis and candidiasis.

The most common conditions of candidal infections are oral thrush and denture sore mouth. Oral thrush is seen in infants or among debilitated adults. The infection forms thick white patches on the surface of oral mucosa. The white coating can easily be wiped away leaving a rather red and sometimes bleeding base. Denture sore mouth is the result of infection caused by candida of palatal tissue traumatised by a denture. Angular stomatitis is also a candidal infection.

In the treatment of candidiasis, one of the two antifungal antibiotics, nystatin or

amphotericin B are usually prescribed. While the former has nauseating taste and the latter is highly toxic, both have limited scope in the presence of secondary bacterial infections. "Secondary infection with *Candida albicans* is almost invariable in denture sore mouth and angular stomatitis. In these conditions, treatment with antifungal antibiotics alone is not curative."²

Use of local anaesthetics in some formulations helps relieve the pain, but might mask the seriousness of the lesion. In general, there have been disappointments in the treatment of oral ulcers and the following quote is typical of the tone in which most literature and text books on the subject of oral ulceration are concluded. "Many forms of treatments have been used for recurrent aphthous ulceration, but most of them have been shown to be useless."³

Under these circumstances, a pharmacist can play an important role in the assessment of a new product by trying it in cases where other treatments have failed to respond. The customers who personally ask for pharmacists' expert opinion are usually those who have been disappointed by earlier treatments.

Promotion of a new product through pharmacist's satisfaction and personal recommendation (rather than national advertising) should be the ideal way of marketing a new product. Through such an approach, the retail pharmacist can demonstrate the advantages of professional recommendation to the customer, advantages not available at the supermarket.

1. MIMS Magazine No 6 p53
2. Antibiotics in Dental Practice, *British Dental Journal* 1974, 136, 309
3. "Diseases of the digestive system" S. C. Trulove, University of Oxford, 1972

The 'three minute smile'

Bonjela claims about 39 per cent of the total market of "sore mouth" products, including prescription and OTC lines.

Although Bonjela is not advertised directly to the public but is promoted through professional endorsement, Reckitt & Colman Products Ltd, Dansom Lane, Hull HU8 7DS, estimate that 90 per cent of sales are OTC rather than on prescription. This year the company plans to treble professional advertising expenditure with campaigns centring round the "three minute smile" — claiming that in 75 per cent of cases Bonjela relieves pain in the mouth within three minutes.

An increased sales force is to detail doctors and dentists and the company is hoping to provide improved display material for pharmacies. Several clinical trials of the product are being carried out by dentists and dental hospitals.

Free Oralcer samples

Vitabiotics Ltd, 1 Beresford Avenue, Wembley, Middlesex, are offering free samples of Oralcer for pharmacists to try in cases of severe oral ulceration where other treatments have failed.

Oralcer contains clioquinol 35mg and ascorbic acid 6mg in slow-release pellets and will be on bonus offer of three tubes on a display outer of 24 for two weeks beginning July 27.

Chlorhexidine in dental disease

by Miss K. M. Mulveal MPS, medical products planning department, ICI Ltd, Pharmaceuticals Division

The high incidence of dental ill health amongst the population in the UK is due largely to a lack of public awareness of the importance of oral hygiene from childhood. Efforts in the last twenty years to improve the dental health of the nation have had little positive result and it is estimated that 2 million working days are lost through dental problems, resulting in a cost to the nation of the order of £200m. A high consumption of confectionery, estimated at 50kg per head per annum, is a contributory factor in a high incidence of dental caries.

This condition and periodontal disease (gingivitis) are the two prime diseases of the mouth and the major causative factor in each case is dental plaque. Thus the incidence or severity of gingivitis and caries can be reduced if plaque is controlled.

Plaque deposits occur following the formation on clean teeth of a tenacious pellicle to which bacteria become anchored. With the growth and division of these bacteria, and their reaction with saliva, a complex bacterial aggregate develops. This plaque can only be removed by rigorous attention to oral hygiene, including the correct brushing of the teeth and gums and use of inter-dental stimulators and floss.

If plaque is allowed to harden it can form a thin layer on the teeth above the gums or gingival margin and in this hardened state can only be removed by treatment by a dental surgeon. Regular attention by the dentist is necessary together with commitment by the patient to a regime of reliable oral hygiene. If this regime is too onerous for the patient to adhere to then first signs of periodontal disease become visible, the gums becoming inflamed and bleeding. If these early signs are ignored the disease becomes chronic and effective treatment is impossible. Later symptoms include mobility of the teeth, halitosis and recession of the gums, often necessitating surgery. This chronic stage of the disease, formally known as pyorrhoea, is preventable if treatment is sought at an early stage and the patient is willing to co-operate.

Assessment of chlorhexidine gluconate (Hibitane) for its anti-plaque activity and effect on the gingiva was first undertaken by the independent Danish workers Drs Loe and Rindon-Schiott¹. In these early investigations chlorhexidine was used with success as a mouth wash (0.2 per cent) and by direct application of a 2 per cent

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ORAL HYGIENE

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solution to the teeth. Studies using mouth wash followed and Flotra *et al.*² in a four month study, demonstrated a marked reduction in plaque (60-70 per cent) accompanied by an improvement in gingival conditions (24 per cent). In a recent trial in Sweden Bergenholtz and Hånström³ compared the effects of an alcoholic solution of hexetidine with an aqueous solution of chlorhexidine after mouth washing. Chlorhexidine showed a greater reduction in plaque index. Gingival index scales increased in the hexetidine group where some patients showed mucosal irritation.

Other trials have been completed in Europe, including the UK, where plaque reduction was confirmed and a positive effect on the gingiva demonstrated. Bacteriological problems have not been encountered in trials, in particular, resistance to specific organisms or overgrowth have not been observed.

In later trials a gel formulation has replaced the mouth rinse used in earlier studies. The gel was applied to the teeth on a toothbrush night and morning in the usual manner. This formulation has also proved effective in removing plaque in mentally retarded and terminal patients incapable of undertaking oral hygiene. Several hospitals in the UK have used the gel in intensive care units. In particular good results have been reported in leukaemia patients under treatment with immuno-suppressive drugs.

It has not yet been possible to devise a fully effective chlorhexidine-based preparation which does not cause some staining of the teeth. The degree of staining varies in different patients and the mouth rinse tends to cause a more intensive stain than the gel. However, the staining may be removed by brushing with a conventional toothpaste which has some abrasive content.

Side effects with both mouth wash and gel formulations have been extremely rare. Chlorhexidine acts by being adsorbed on to the oral mucosa and teeth. In a mouth rinse about one-third of the dose is retained in the oral cavity resulting in the compound being slowly released over the next 12 to 18 hours. By virtue of its adsorption to the teeth chlorhexidine exerts a local action, preventing bacterial colonisation of the tooth surface.

It is hoped that the gel formulation will be available early in 1975 under the trade mark Corsodyl. Instructions for use by the patient are simple and convenient, entailing brushing twice daily for a two to three week period. Clinical evidence supports the claim that Corsodyl dental gel will prove a successful short term plaque control when used in conjunction with scaling by the dentist.

The place of Hibitane in caries prevention will be assessed on the completion of long term studies in this disease which are at present in progress.

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Toothbrushes: marketing v education

by G. B. Perry, MinsM, managing director, Libra products

Are dentists recommending one type of toothbrush and manufacturers producing another? In this article, one manufacturer says it is time the two came together and in the interests of the consumer, agreed on the best design.

For many years, toothbrush manufacturers have trodden one path: dental surgeons and oral hygienists another. Some toothbrushes are said to be "recommended by dentists" but leading dental surgeons claim that there is rarely any interaction between the industry and the profession.

A dental surgeon at Bristol University Dental Hospital, Mr Marshall Midda, told me that British brush manufacturers do not wish to co-operate. Being a manufacturer of toothbrushes I took the bait and insisted upon serious discussion. After two hours at the hospital seeing patients, slides of teeth and exchanging opinions I concluded that his comments were probably justified.

More recently a most positive and experienced oral hygienist, Miss Claire Jarvis, told me that the brush manufacturers give little thought to the most suitable design and type of brush needed with regard to current education on brushing teeth. I agree that this is true with the method of brushing advocated by Mr Midda. However, it is equally true that dental hygiene experts differ widely on the whole subject of preventive dentistry and it would appear to me that there is just reason for complaint about lack of co-operation and collaboration in several areas. It is obvious that without this co-operation, the user of the toothbrush will be the one to suffer most.

There is, I believe, common ground to bring all parties together and perhaps room to compromise on certain points. The majority of dentists appear to favour flat-trimmed brushes with round-tipped filaments and, as a manufacturer, I completely agree, so we have already made progress. However, dentists must remember that machine tooling costs money and with the extended time on delivery of machinery and heavy investment in existing tooling the industry cannot change overnight. Dentists also have ideas on the type and gauge of filaments to be used and again those not using the recommended materials will take time to change.

None of the problems are insurmountable but changes in manufacturing techniques have to be planned ahead. A parallel example is that there have been differences of opinion recently among dentists on the method of x-raying and new equipment is now under way. Although all dentists will not rush out and

buy immediately, once the equipment has proved its worth and finance is available they probably will.

How can we assist the oral hygienist in her task? I quote Mr Marshall Midda on the correct way to brush teeth.

"A soft brush with rounded-end tufts to safely remove the bacterial plaque is held against the outside of the teeth pointing the tufts towards the gum line at an angle of 45°. Using moderate pressure, the brush is gently rocked backwards and forwards making short vibratory movements while filaments remain in exactly the same place. This procedure is carried on for 8-10 seconds and then the brush is moved along the mouth, cleaning other surfaces of the gum and teeth.

To clean the biting surfaces the tufts are pointed into the grooves and scrubbed back and forth. As the tufts actually enter the delicate area between the tooth and gum line, it is absolutely essential that the tuft diameter is no more than 0.007in, which is the average measurement of the gingival crevice."

It is not difficult to print this information on packs and display material and I am sure toothbrush stockists would not object to an educational theme in selling toothbrushes. Many users now ask their pharmacist to advise on the correct type of brush to use and how to use it. The hard facts are that we wish to make more brushes, the retailers do not object to selling more and the dental authorities want people to buy the correct type and more often. We really have much in common.

Many of my pharmacist friends rightly complain that the number of different brushes they are asked to stock is excessive, so we must consider their point of view. We favour the dual texture brush. With the right trim and shape, plus agreed filling, the majority of users' requirements are satisfied although there will always be a small percentage who, because of sensitive teeth or tender gums, need a soft brush and should be advised to consult their dentist.

I would only conclude that the paths of manufacturer and dentists are, when investigated, not really so far apart. If we can get closer together on the whole subject of oral hygiene, not just toothbrushes but dental floss, disclosing agents, gum stimulators etc, then the next article could read "Toothbrushes: Marketing by education".

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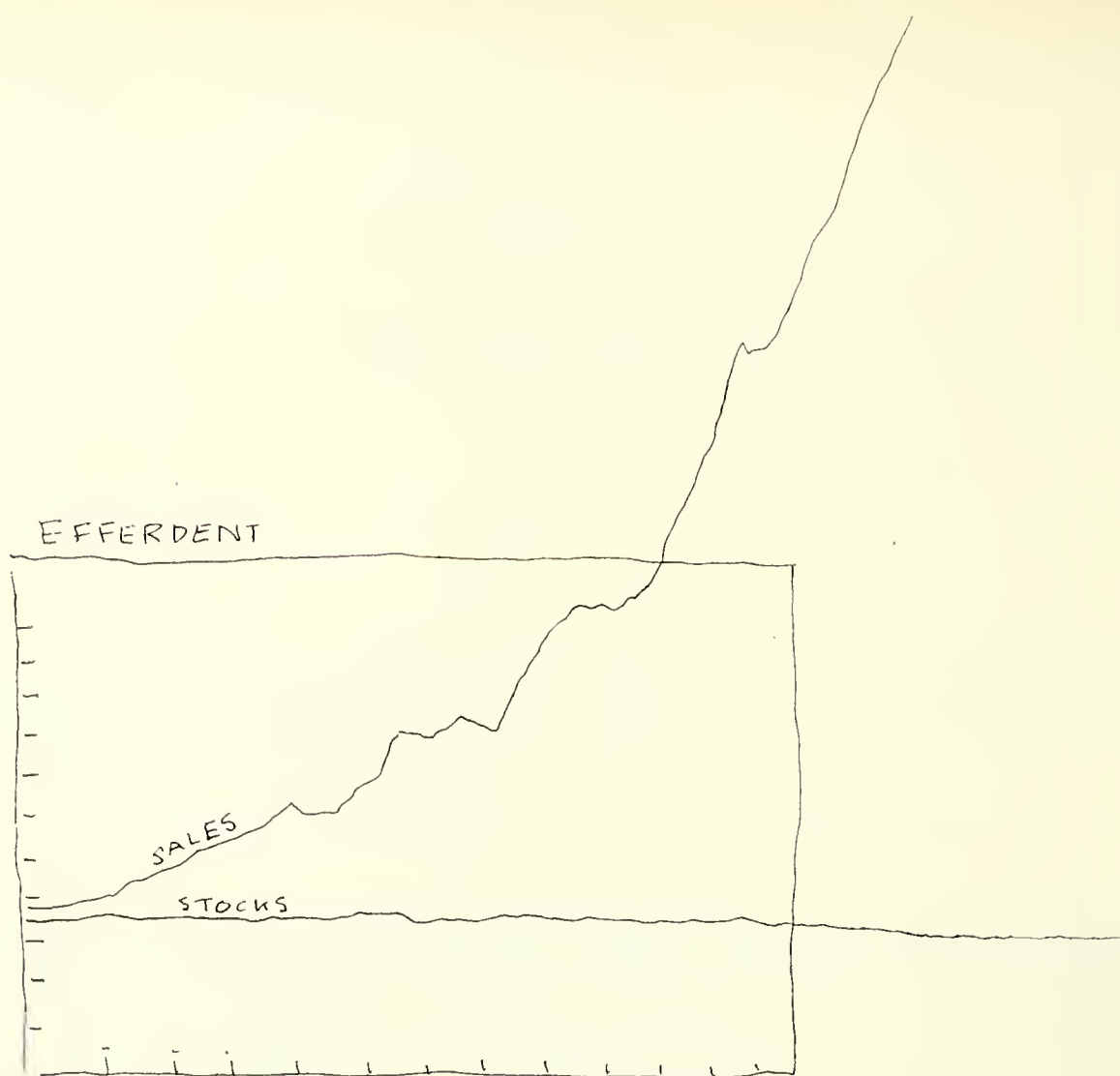
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ORALCER



An Apology from the makers of Efferdent.



In the last three years our sales have shot up so fast that we now have to stand on the desk to fill in the graph.

We can't pretend this sudden rise to fame hasn't been good for our ego. But unfortunately it's been a little embarrassing on our production too. Over the last few months, we just haven't been able to meet the demand.

And short of shooting our sales staff there hasn't been too

much we could do about it.

So if you're one of the unfortunate people who have had trouble getting stock we'd like to apologise.

But now things are getting back to normal.

And all things considered we think your sales of Efferdent should really hit the roof this year. And we've got a sales graph that goes across the ceiling to prove it.

Efferdent makes you feel as good as you look.

ORAL HYGIENE

Prevention: the best cure

Preventive dentistry involves more than brushing — and the number of products catering for this new concept in dental care is increasing.

The aims of preventive dentistry are to remove plaque and make the tooth more resistant to acid attack. Plaque is the invisible gel of bacteria, food particles, saliva and shed epithelial cells which adheres to the tooth surface and eventually causes loss of teeth through decay or gum disease.

Toothbrushing plays a major part in plaque removal. Several techniques are recommended (one is given on p 133) but the general aim is to brush between the teeth and close to the gums where plaque is most likely to collect. The type of toothbrush is largely a matter of personal choice — the British Dental Health Foundation recommends the "flat-trim" type, small enough to permit easy access to all tooth surfaces, not too hard and the filaments rounded-tipped if of nylon. Interdental brushes, wooden picks and dental floss may also be necessary.

Disclosing tablets or solutions which stain the bacterial film with a dye are an important aid. Plaque is easier to remove when it is made visible and staining illustrates to the patient the areas which need particular care. Disclosing agents are not needed daily, their purpose is to teach how to clean the teeth correctly, later they can be used at intervals as a check for effective plaque removal.

Strengthening with fluoride

While research continues into other means of plaque control — including enzymes to remove it, antibiotics to destroy the acid-producing bacteria and immunisation to build up resistance against them — the only other way to protect against caries is to make the tooth enamel stronger with fluoride preparations.

The enamel is built stronger if a child takes fluoride internally during the period of tooth development. In areas of low fluoridation of water, the recommended dose is $\frac{1}{2}$ mg fluoride ion daily up to the age of two or three years, then 1mg daily to 13 years. Sodium fluoride 2.2mg tablets provide 1mg fluoride ion. The Health Education Council recommends that fluoride tablets should also be taken in pregnancy although there is doubt as to whether fluoride crosses the placenta.

When applied externally to the enamel, fluoride is taken up into and strengthens the surface layers. The protection is only temporary and the fluoride gradually leaches out. Any fluoride treatments given in the dental surgery should ideally be

Dentomax
range of
preventive
dentistry aids



reinforced by the use of fluoride mouthwashes and toothpaste. Some manufacturers are planning to introduce gel treatments and fluoride rinses for home use, preparations which have already been available in the USA for some time, but in the UK have been almost entirely restricted to dental surgeries.

One British firm about to expand in this area is Westone Products Ltd, 3 Marylebone High Street, London W1M 3PA, whose **En-De-Kay** range of preventive dentistry products is distributed by S. S. White Ltd, 51 St Anns Road, Middlesbrough HA1 1LR.

Claimed brand leader, their **C-Red** disclosing tablets have been available to pharmacists and the dental profession for one year. They are blackcurrant-flavoured and stain plaque red (30, £0.40).

Fluotabs, orange-flavoured tablets of sodium fluoride 2.2mg, (formerly En-De-Kay fluoride) will soon be available in child-resistant containers (200, £0.66). Chewing the tablets before swallowing gives the advantage of topical as well as systemic application.

As soon as product licences are available — probably towards the end of September — Westone are hoping to introduce **Fluodrops paediatric drops**, designed for babies up to six months. A daily dose of 10 drops, given on a spoon or in a drink, provides 1.1mg sodium fluoride.

Another fluoride product soon to be introduced is **Fluorinse mouthwash**, a blackcurrant-flavoured solution of sodium fluoride 2 per cent. Available in a dropper bottle, Fluorinse should be used daily or weekly according to what strength it is diluted with water. A measuring cup is to be provided with each pack and the recommended price for 18 months supply is expected to be about £1.00.

Mr J. M. Blass, Westone Products, says an additional benefit of fluoride solutions is the desensitising effect they have on sensitive areas of the teeth. This effect may be due to production of a hard layer of enamel which is resistant to the abrasive action of toothbrushing.

Also available from S. S. White is **unwaxed bonded floss** which is said to have the advantage of a waxed floss, in that it slips easily between the teeth without separation of the fibres, but leaves

no residue. When in the stretched position around the tooth, the fibres separate for removal of food particles (25 metres in pocket dispenser, £0.18).

Mr Blass is at present developing a fluoride-impregnated floss and a fluoride varnish which can be painted on the teeth.

Promotion to date has been directed towards dentists, with sales based on their recommendations, but consumer-orientated promotions are being planned. Leaflets on the use of disclosing tablets and fluoride tablets are being distributed through schools and are available to pharmacies. There is also an educational colouring chart on tooth care for dentists to give to children.

Knox Laboratories, 50 Weston Road, Aston Clinton, Aylesbury, Bucks, makers of the **Oral B** tooth gum brush, are launching four new products this month. The **child tooth survival kits** (£0.77) are aimed at parents who are concerned about their children's teeth. Each kit contains a child's version of the Oral B tooth gum brush (Oral B 20), a "magic tablet test" of four disclosing tablets, a "colouring-chart-giveaway" for children to colour in the areas shown up by the tablets, a dental mirror for "seeing what the dentist sees" a child's leaflet on tooth care and a sticky "smile on badge." A public relations campaign will tell area dental officers of this kit and large colouring posters — "The story of Jungle Jaws" — will be distributed to schools and dental surgeries.

A similar **adult preventive dentistry kit** contains **Oral B** floss (see below), an Oral B tooth gum brush, four disclosing tablets and a dental mirror (£1.17).

The **Oral B home dental check-up kit** contains a dental mirror and disclosing tablets and is designed for "impulse buyers" who are interested in dental health but who have not been recommended by the dentist to purchase a full kit (£0.37).

The fourth new product from Knox Laboratories is **Oral B unwaxed dental floss** in a dispenser pack (£0.37). The company's policy is to sell by professional recommendation and representatives are now telling dentists about the new products. Following several requests from pharmacists for leaflets on toothbrushing technique to hand out to patients, a dis-

Continued on p 137

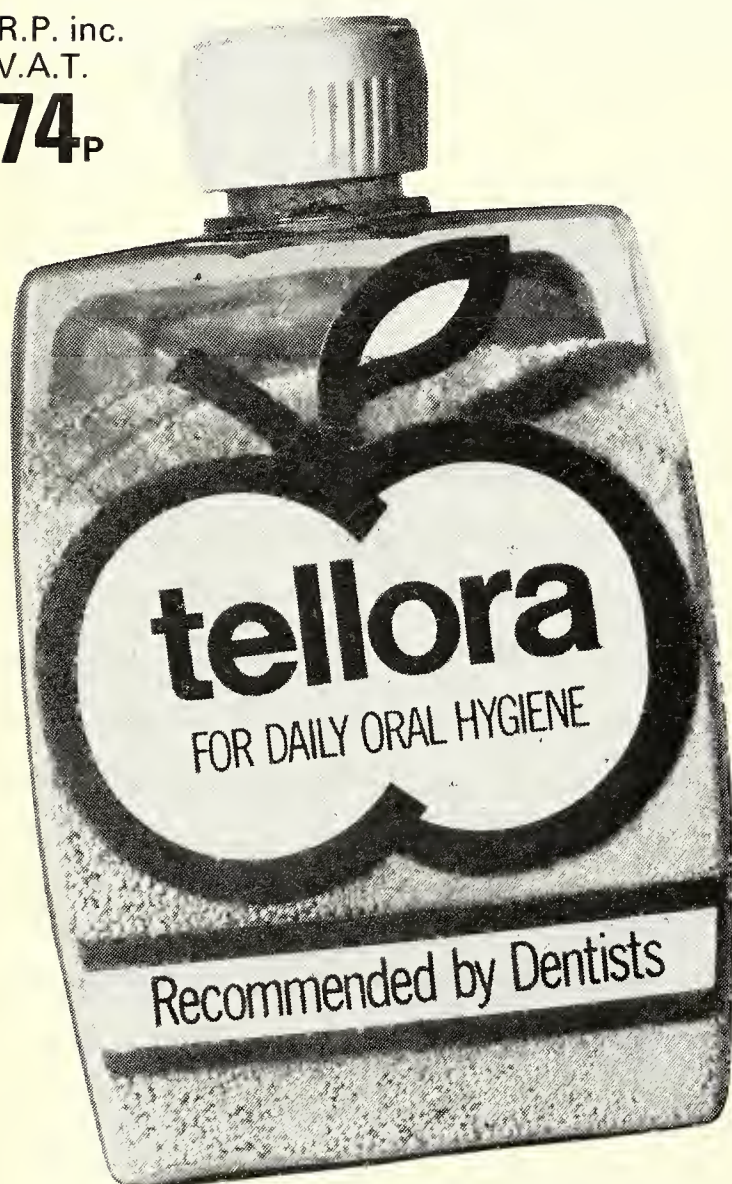
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Other items to be announced shortly.

**If not available from your Wholesaler contact S.S. White Limited, Dental Health Products, Wholesale Division, Middle Mill Factory, Mill Street, Kingston-on-Thames, Surrey. Telephone 01-546 0131*

ORAL HYGIENE

Continued from p 135

play stand holding leaflets on "The secret of never needing a filling or extraction again..." is available free to stockists of Oral B.

Dentomax Ltd, Carr House, Carrbottom Road, Bradford BD5 9BJ, market a **plaque control kit** containing a flat trim, end-rounded, polished nylon toothbrush, **Dis-plaque** solution ½oz or 12 Dis-plaque disclosing tablets, 75 yards dental floss and one dental mirror with a handle (£1.38). By early October, the kit will be available in a welded plastic carrying case.

Dis-plaque disclosing tablets or solution are available separately in a variety of sizes, packaged for shelf stock or as blister-cards, with Cellophane strip-wrapped packs expected in about two months' time. These products differentially stain thick, old plaque blue and thin, new plaque red.

The unwaxed floss can be bought separately (75 yards, £0.35) or in the plastic **Gripit** floss holder (£0.99) which has a cutting device on the back to remove used floss. The Gripit will soon be available in a small carrying case.

Floxite mirrors enable hidden areas of the teeth and gums to be examined. They are used with a lamp and detail reflector, a spoon-shaped plastic mirror which is held behind the teeth and reflects the image into the magnifying mirror. The mains lamp set includes a 5in mirror magnifying 50 per cent, a 220V lamp and a detail reflector (£11.44 complete). The battery

lamp set has a 3½in mirror magnifying 100 per cent, a right-angled flashlight and detail reflector (£4.29 complete; with 5in mirror £0.55 extra). Individual parts are available separately.

Dentomax are hoping to market a **fluoride mouthrinse**, containing 0.2 per cent neutral pH sodium fluoride in cinnamon or mint flavours. They are also awaiting product licences for **fluoride gel home treatment kits** consisting of two reusable applicator trays into which orange, grape or cherry flavoured acidulated phosphate fluoride is poured. The trays are placed around the teeth for four minutes. These fluoride products are at present on sale in the United States under the Pace-maker label. Also expected soon from Dentomax are systemic fluorides — orange or grape-flavoured chewable tablets, and Nafeen tasteless tablets and drops.

Flura-tray is another home fluoride treatment kit. The hinged double tray into which the gel is poured allows simultaneous upper and lower application. Made by Kerr Europe, the product should be available shortly from Cottrell & Co Ltd, 15 Charlotte Street, London W1P 2AA.

Den-tal-ez, Queensway House, Hatfield, Herts, distributors of the **Butler** range, will soon be able to supply a standard control kit (£1.76) containing a toothbrush with rounded nylon filaments — the junior or sulcular two-row brush — a mouth mirror, stimulator, 16 Red-Cote disclosing tablets, 5 Perio Pic toothpicks and an instruction leaflet, "The worst offender is the one you can't see." The control kit will also be available with a Proxa brush

and head (£2.97), which is a special holder with spiral plaque brushes.

Den-tal-ez can supply each of these items separately and, in addition, the Mirolite lighted mouth mirror (£1.60).

A new pack of 12 **Ceplac** disclosing tablets was recently introduced by Berk Pharmaceuticals Ltd, Station Road, Shalford, Guildford, Surrey GU48 HE, and is being supported by Press and direct mail to dentists.

Dental Health Promotion Ltd, 106 Cheyne Walk, London SW10 ODG, make **Fluor-a-day Lac** tablets, each containing sodium fluoride 2.2mg.

Johnson & Johnson say their sales of **dental floss** have doubled every year since its recent re-introduction. In 1970 they withdrew the product from the market as it was being imported from the USA and the company felt that the level of sales did not justify the high cost of distribution in the UK. Much to their surprise there were many pleas for its return, including letters in *The Times*, so the company decided to re-introduce it and sales have boomed ever since (£0.18). Available in counter unit from Johnson & Johnson Ltd, Slough, Bucks.

Other dental aids include **Mirodent** mouth mirrors which can be obtained from J & S Davis, Cordent House, Torrington Park, London N12 9SX.

The **Crescent Perio pack**, from Percy J. Clark & Co Ltd, 1 Speedy Place, 118 Cromer Street, London WC1H 8BX, is a plaque removing aid and gum stimulator. It consists of a holder to which can be fitted spiral plaque brushes, a stimulator or birchwood picks (£1.90).

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ORAL HYGIENE

Aids to fresher breath

The UK mouthwash market is estimated by the Lambert Chemical Company to be worth some £700,000 at manufacturers' selling prices (£1,300,000 at rsp) but is still "underdeveloped". Most of the sales were from pharmacies.

The company says that a survey carried out in October 1973 indicated that purchasers of general antiseptics use 10-20 per cent of each bottle for mouth-washing. In the UK mouthwashes are used mainly for mouth and throat disorders, unlike countries where the mouthwash habit is more fully developed (USA, Canada and Australia), where the main reason for using a product of this kind is to guard against bad breath.

Lambert Chemical Co think the British are becoming more interested in oral hygiene, following the higher levels of hygiene and general odour consciousness and the increasing consumption of highly spiced foods.

Listerine is said to be brand leader in countries where the mouthwash markets are substantial. In the UK, 1973 ex-factory sales were 42.6 per cent up on 1972, 1974 sales to month 5 are 43 per cent up on the equivalent period in 1973, and the 1974 latest estimate projects to a 56 per cent increase on the 1973 full year achievement.

The poster campaign in London is said to have boosted sales by 51.2 per cent. The number of sites for Listerine posters has been increased to 58, four new "mouth" designs have been introduced (C&D, July 13 p 57) and 1000 "tube" cards support the poster coverage.

Point of sale material this year will include neck tags, merchandising units for the 7 and 14oz sizes and there will be two periods of bonuses to the trade.

Tellora is now packed in a clear plastic bottle with a free-flow dispenser cap. For daily oral hygiene, the powder may be used for massaging the gums, or it may be dissolved in water as a gargle and rinse. Ingredients are: menthol, thymol, sodium benzoate, cetrimide, clove oil, anise oil, saccharin, sodium bicarbonate, tartaric acid and empicol. Manufacturers are Tell Products Ltd, 93 Cobbold Road, London NW10 9SU.

'Ethical' products

Over 60 per cent of prescriptions for topical products used in the treatment of minor mouth conditions are for Oraldene say William R. Warner & Co Ltd, Eastleigh, Hants, and there is an increasing usage of the product in throat infections. Over half Oraldene sales are OTC.

The active ingredient, hexetidine, is effective against a wide variety of bacteria

and fungi. It has an affinity for oral mucosa and dental plaque so its therapeutic activity lasts for several hours.

New merchandising items available from representatives include a door sign giving details of opening hours and rota arrangements.

Povidone-iodine, the active ingredient of Betadine gargle and mouthwash, is said to be the bactericide chosen for the Apollo and Skylab missions.

The compound has the broad spectrum of activity of elemental iodine but does not stain the gums or teeth and is effective against bacterial, viral, fungal and protozoal organisms commonly found in the mouth. Its anti-viral activity is said to be useful for topical herpes infections.

The recently introduced 100ml size (£0.39) is on bonus offer of 14 per dozen up to 24, 15 per dozen on 36 or more. Point of sale material shows a "mouth-watering" green apple to promote the idea of freshness and oral hygiene (Napp Laboratories Ltd, Hill Farm Avenue, Watford WD2 7RA).

Mouth sprays

Ashe Laboratories Ltd, Kingston Road, Leatherhead, Surrey, say double column advertisements in newspapers and magazines including *The Daily Mirror*, *Daily Express*, *The Sun*, *Sunday People*, *TV Times* and *Petticoat* will place the Double Amplex breath test advertisement in front of nearly 90 per cent of the population.

The company say they are increasing the campaign in London with thousands of cards in the Underground.

Gold Spot heads its campaign with the words, "It's breathtaking". Newspapers used will include *The Daily Mirror*, *The Sun*, *The Daily Express* and *The Daily Mail* in addition to women's magazines.

Spraymate breath freshener aerosol is said to give at least 280 measured sprays per 16g can (£0.42).

New stocks of Spraymate are available mounted individually on display cards which can be hung in any position, from Gerhardt Pharmaceuticals Ltd, Thornton Laboratories, Glebe Road, Huntingdon PE18 7DX.

During the past five years Dentyne has increased its sales by some 300 per cent. The gum is promoted as an aid to oral hygiene throughout the day when it is not possible to brush the teeth. The "keep that just brushed freshness with Dentyne" television commercial has appeared in London during July and will appear in other areas from August.

Dentyne £0.03½ is available in original, peppermint and spearmint flavours (Lambert Chemical Co Ltd, Eastleigh, Hants).

Other campaigns

Efferdent, from the Lambert Chemical Co Ltd, Eastleigh, Hants, is said to be the next in line to the brand leader Steradent and showed 22 per cent volume growth in 1973. Advertising of Efferdent is primarily in the national Press with advertisements in *News of the World*, *The Sun*, *Reveille*, *My Weekly*, *Woman's Weekly*, *TV Life*, *Weekly News*, *Daily Record* and *Woman & Home*, supported in the Midlands television area with a daytime campaign.

Elida Gibbs Ltd, Portman Square, London W1 is to spend over £350,000 on television advertising of SR in 1974.

Letters

Whose responsibility?

With reference to the report on the Statutory Committee (July 13, p 65), I see that a pharmacist had been convicted of dispensing a controlled drug prescription not in *words* and *figures*. It would be interesting to know what action, if any, was taken against the doctor who wrote the offending recipe.

T. Ross Johnson
Edinburgh

Lasting effect

We have just had a request by a lady wishing to purchase a bottle of Penbritin syrup to save the journey to the doctor. She likes to keep it in the refrigerator so that if her child is "off colour" she can give her a couple of spoonfuls and the child is alright next day!

How many bottles have been made in error by pharmacists and thrown away after a day because the product keeps only seven days? Perhaps it really does work better after a month or so!

C. R. Dickens
Swansea

Entitled to claim

While I agree wholeheartedly with the sentiments expressed in Mr Dewar's letter (July 13), I feel that he is not making full use of his Drug Tariff. Although I am an employee pharmacist I always claim all little-used preparations as "broken bulk"; also all out-of-the-way scripts which have to be made up are claimed "extemp. prepared", and I always claim for all "out-of-pocket expenses", ie telephone calls, postage etc.

Pharmacists are *entitled* to claim these extras but I am amazed and appalled how few actually do so in practice.

C. Dunning
Ripon, Yorks

Ingredients licensing Orders published

Two new orders under the Medicines Act relating to substances supplied to practitioners, pharmacies or suppliers of herbal remedies for use as ingredients in the manufacture of dosage forms have been published.

The Medicines (Termination of Transitional Exemptions) (No. 2) Order 1974 (HM Stationery Office, SI No. 149, 3p) appoints September 1, 1974, as the date for ending the transitional period relating to such substances.

The Medicines (Exemption from licences) (Ingredients) Order 1974 (HM Stationery Office, SI No. 150, 6p), exempts such substances from licensing. Anyone expecting to rely on the exemption is to notify the licensing authority by December 31, this year. The licensing authority will be empowered to obtain information on the products concerned, equivalent to the information that could be required in connection with an application for a licence, and to terminate the exemption on grounds of safety. It will still be open to the supplier to apply for a licence in the usual way, if he wishes.

Company News

Boots sales ahead in first quarter

First quarter group sales of the Boots Co Ltd increased by 16 per cent with home retail sales up by a little over 15 per cent the chairman, Dr G. I. Hobday told the annual meeting in Nottingham last week. "Indications are that we shall see some profit increase but because of the imponderable factors it would be unwise to read too much into the first quarter as a pointer to the outcome for the financial year as a whole", he added.

Dr Hobday warned that the government's action in cutting retail gross margins and the escalation of staff costs under the threshold agreements had together a serious erosive effect on their net profit, so they cannot expect a profit improvement for the first quarter in line with the sales increase.

Referring to the matter of the House of Fraser and the Monopolies and Mergers Commission's conclusion Dr Hobday said: "At a time when private industry is threatened with more and more intervention by Government, ostensibly to increase efficiency, it is perhaps to be noted that a body which is critical of the effect of our proposals on efficiency took six months to reach the reporting stage and has not succeeded over two months later in getting their report printed and published."

Distribution in the 80's

Boots announced this week that they are launching a project to develop a physical distribution strategy for the 1980's.

The project, jointly manned by Boots and A. T. Kearney Ltd, management consultants, personnel, will develop a strategy for the physical deployment and transport of goods in the decade of the 80's. Account will be taken of the company's growth prospects, plans for expansion, changing economics of road haulage and other elements of the movement and storage of merchandise. Additionally, con-

sideration will be given to the probabilities that changes in external factors might arise affecting the company's distribution operations.

Sangers hope to maintain profit level

Subject to unforeseen circumstances and the maintenance of current gross margins, trading profits of Sangers Ltd could be maintained in 1974-75 at the level achieved last year, states the chairman Mr H. T. Nicholson in his statement accompanying the accounts for the year which ended on February 28.

The problems with supply shortages, the miners' strike and the three-day week, which affected 1973-74 results, spilled over into the current year and "it was impossible to be anything like normal before April."

April provided reasonably good turn-over results and more than made up the deficiency in the sales budget for March. Sales in May and June were also ahead and the chairman anticipates they will continue to rise for the rest of the year. For accounts and dividend for 1973-74 see C&D, June 22, p 803.

Farmitalia profits up

Following two financial years ending almost in balance the net profit of Farmitalia, the Italian drug combine, was 1,350m lire in 1973. Sales rose 15 per cent to 59,103m lire (11 per cent higher in Italy and 3 per cent up abroad).

Pharmaceutical products recorded an increase in sales of 3.3 per cent with specialities and vaccines for veterinary use showing a 7 per cent improvement. The company's foreign subsidiaries' sales reached 16,711m lire against 13,556m lire in 1972 — 23.3 per cent rise. Research expenditure was over 5,600m lire.

Briefly

Clifford Pugh Associates Ltd have moved to 1 St Matthews Gardens, St Leonards-on-Sea TN38 0TN (0424-424041).

Gillette Co sales were 20 per cent ahead in the three months to June 30, it was announced in Boston, USA, last week. At \$298.48m they produced a pretax income of \$40.03m, 13 per cent higher than the

1973 figure. Consolidated net income was 9 per cent up at \$22.30m. Sales for the six months to June 30 rose 22 per cent. Mr C. M. Mockler has been elected the company's president and chief operating officer in succession to Mr E. Gelsthorpe.

NCR Corporation had record earnings of \$19.85m in the second quarter, a gain of 49 per cent over the comparable period in 1973. Second quarter revenues of \$477.26m were up 10 per cent.

Appointments

J. C. Gilbert Ltd: Mr D. F. Ellingham has been appointed to the board.

Hanimex (UK) Ltd: Mr A. Mackenzie has been appointed sales representative in the London postal area.

Dragoco (Gt Britain) Ltd have appointed Mr G. Clarke a technical representative in their perfumery division.

Agfa-Gevaert Ltd: Mr Michael O'Keefe has been appointed retail representative covering South Lancashire, West Cheshire, and North Wales.

Department of Health: Dr E. L. Harris has been promoted to the grade of senior principal medical officer as head of the medical staff of Medicines Division with the Department of Health and Social Security.

Hickson & Welch (Holdings) Ltd: Mr J. D. Horner, chairman, Hickson & Welch Ltd, has been appointed group managing director in succession to Dr T. Harrington, who has resigned his executive appointments. It is expected that Dr Harrington will become chairman of the Holding's board when Mr Besley retires.

British Cod Liver Oils (Hull & Grimsby) Ltd: Mr K. Moxley has been appointed general marketing and sales manager. He has been with the company since its formation in 1934 and was for many years their export sales manager. Mr H. E. Hutchinson assumes the position of industrial sales manager (home) and Mr G. D. Smart becomes retail marketing manager (household proprietaries). Mr A. Thomas now takes over as export sales manager.

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Market News

MINI BUDGET EFFECTS

London, July 24: The market took on a dull tone again in consequence of the Chancellor's Mini Budget. There was an underlying hope that a degree of reflation would create increased interest, but there were few signs of that when the markets opened on Tuesday.

Spices generally were quiet but slight activity among peppers caused prices to move upward. Quotations for cochineal were higher by £15-£20 per ton.

Among essential oils, bois de rose for shipment was sharply down at £6 kg cif, and both clove leaf and lemongrass eased.

Among crude drugs, dandelion, gentian and ipecacuanha were firmer.

Many pharmaceutical chemicals have also increased in price since last quoted.

Pharmaceutical chemicals

Aloin: 50-kg lots £12.90 kg.
Atropine: (Per kg for 1/2 kg lots) Alkaloid £85.00; methonitrate £95.00; methylbromide £83.50; sulphate £66.50.
Brucine: Sulphate £25.00 kg.

Calcium sodium lactate: £0.709 kg in 250-kg lots.
Carotene: Suspension 20 per cent £28.50 kg.
Cantharidin: 100 g lots £0.75 per g.
Chloral hydrate: 50-kg lots £1.00 kg.
Chloramphenicol palmitate: £30.00 per kg.
Citric acid: Spot BP granular hydrous per metric ton for single deliveries from £425 to £554 according to maker. Anhydrous from £456 to £595.
Cyanocobalamin: £3.00 per g.
Dexpanthenol: £10 kg; £8.50 kg.
Ephedrine: Alkaloid £18.30 kg in 25-kg lots; hydrochloride £15.50; sulphate £17.00.
Ferrous fumarate: £1.50 kg for 50-kg lots.
Ferrous gluconate: £1.120 metric ton delivered.
Gallic acid: 1,000-kg £1.68 kg.
Homatropine: Hydrobromide £56.00 kg; methylbromide £58.00 kg in 1/2-kg lots.
Hyoscine hydrobromide: £375.50 kg.
Hyoscyamine sulphate: 100-g lots £82.00 kg.
Hydroxocobalamin: £3.50 per g.
Iodides: £ per kg

	under 50-kg	50-kg	250-kg
Potassium*	2.58	2.45	2.43
Sodium	3.26	3.13	—

*For crystals and granules. Powder plus £0.11 kg.

Mercurochrome: £7.95 per kg.

Neomycin sulphate: £19.12 for 500-g lots.

Nicotinamide: (per kg) £4.00; 5-kg £3.00.

Nicotinic acid: (per kg) 1-kg £3.80; £2.80 in 5-kg lots.

Opiates: (£ per kg) in 1-kg lots subject to Misuse of Drugs Regulations.

Codeine	1-kg	Under 1-kg
alkaloid	240.40	250.10
hydrochloride	208.90	218.60
phosphate	183.40	190.60
Diamorphine		
alkaloid	282.90	297.50
hydrochloride	258.60	270.80
Ethylmorphine		
hydrochloride	234.40	242.90
Morphine		
alkaloid	264.70	275.60
hydrochloride	216.10	224.60
sulphate	216.10	224.60

Oxalic acid: Nominally £220 metric ton.

Paracetamol: Scarce. Nominal rates per metric ton, in 10-ton lots, £1,570; 5-ton £1,620; 1-ton £1,670.

Penicillin: Potassium, sodium or procaine, sterile, £14.50 per 1,000 Mu.

Pholcodine: 1-kg £240.90; 60-kg £218.60 per kg. Subject to Misuse of Drugs Regulations.

Polymyxin B sulphate: £62.50 per 100 mu.

Potassium acid tartrate: BPC from £950 metric ton delivered in bags.

Potassium citrate: Granular £461-£624 per metric ton as to source; powder plus £10 ton.

Crude drugs

Belladonna: (metric ton) Herb £410 spot; no cif, Root, £490 spot. Leaves £800, cif.

Dandelion: Spot £840, shipment. Forward £800 metric ton, cif, Oct-Dec.

Gentian: Root £1.85 kg; £1.80, cif.

Ginger: (ton cif) Cochinchina £525; Sierra Leone £675; Jamaican No. 3 £895.

Ipecacuanha: (kg) Costa Rica £3.60 spot; £3.30, cif. Matto Grosso spot nominal £8.50, shipment £8.40 nominal, Colombian £5.30; £5.15, cif.

Seeds: (ton) Anise: China star unselected £955, cif. Caraway: Dutch forward £365, cif. Celery:

Indian £430, cif. Coriander: Moroccan £105, cif.

Cumin: £615, cif. Dill: Chinese £210; Indian £220, cif.

Fennel: £335-£400, cif. Fenugreek: £160, cif.

Menthol: Brazilian £20.00 kg spot and cif. Chinese £29.00 spot and shipment.

Pepper: (ton) Sarawak black £700 nominal spot; £645 July-August, £665 September-October, cif; white £930; £910 September-October, £865, cif.

Quillaia: £1,350 metric ton spot; £1,300, cif.

Essential oils

Bois de rose: Shipment £6.00 kg, cif.

Clove: Madagascar leaf about £4.00 kg, cif.

Lemongrass: Forward £4.00 kg, cif.

Peppermint: (kg) Arvensis. Brazilian £8.25 spot and £8.00, cif. Chinese spot and shipment £15.00, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press but it should be noted that in the present state of the markets quotations change frequently.

Coming Events

Thursday, August 1

Huddersfield Branch, Pharmaceutical Society,
 Spotted Cow Hotel, New Hey Road, Salendine
 Nook, Huddersfield, at 8 pm. Quiz.

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All applicants for senior posts must have at least 3 years' experience as a qualified technician in a hospital pharmacy or at least six years' experience as a qualified technician outside the National Health Service.

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